

Tilburg University

The preventive gaze

Peeters, R.

Publication date:
2013

Document Version
Publisher's PDF, also known as Version of record

[Link to publication in Tilburg University Research Portal](#)

Citation for published version (APA):
Peeters, R. (2013). *The preventive gaze: How prevention transforms our understanding of the state*. [Doctoral Thesis, Tilburg University]. Eleven International Publishing.

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.



The Preventive Gaze

How Prevention Transforms Our Understanding of the State

eleven
international publishing

Rik Peeters



Prevention is better than cure. This adage has become an important guideline for the government in recent years. Prevention of terrorist attacks, of recidivism among habitual offenders, of dropouts among problem adolescents, or of obesity among children: the existing repertoires of the constitutional state and the welfare state are complemented by a preventive intervention repertoire in a broad range of policy domains. But what does this transformation imply for our understanding of the state in late-modern society?

This study reconstructs the emergence of 'the preventive gaze' in politics and policymaking and discusses its consequences for the relation between state and society. Prevention seems to be a logical answer in the face of contemporary social issues such as security, education, welfare and public health. However, prevention also has an expansive logic and pushes the state towards an ever more detailed, comprehensive and timely approach to risks. As a consequence, the emergence of the 'prevention state' tends towards a slow and silent politicisation of society and usurpation of the state-free domain.

Rik Peeters (1981) studied Public Administration at Tilburg University and Political Philosophy at Radboud University Nijmegen. His research focuses on transformations in the relation between state, society and citizens. He is a researcher and project manager at the Netherlands School of Public Administration and a guest lecturer and researcher at the Tilburg School of Politics and Public Administration.

ISBN 978-94-90947-98-9



9 789490 194798

The Preventive Gaze

The Preventive Gaze

How Prevention Transforms Our Understanding of the State

Proefschrift

ter verkrijging van de graad van doctor

aan Tilburg University

op gezag van de rector magnificus,

prof. dr. Ph. Eijlander,

in het openbaar te verdedigen ten overstaan van een
door het college voor promoties aangewezen commissie
in de aula van de Universiteit

op woensdag 16 januari 2013 om 16.15 uur

door

Rik Peeters

geboren op 19 januari 1981 te Gilze en Rijen

Promotiecommissie

Promotores: prof. mr. dr. S. Zouridis
 prof. dr. M.J.W. van Twist

Overige leden: prof. dr. G.J.M. van den Brink
 prof. dr. J.C.J. Boutellier
 prof. dr. P.H.A. Frissen
 prof. dr. R.J. in 't Veld
 dr. R. Pieterman

Published, sold and distributed by Eleven International Publishing

P.O. Box 85576
2508 CG The Hague
The Netherlands
Tel.: +31 70 33 070 33
Fax: +31 70 33 070 30
e-mail: sales@budh.nl
www.elevenpub.com

Sold and distributed in USA and Canada

International Specialized Book Services
920 NE 58th Avenue, Suite 300
Portland, OR 97213-3786, USA
Tel: 1-800-944-6190 (toll-free)
Fax: +1 503 280-8832
orders@isbs.com
www.isbs.com

Eleven International Publishing is an imprint of Boom uitgevers Den Haag.

ISBN 978-94-90947-98-9

© 2013 Rik Peeters | Eleven International Publishing

This publication is protected by international copyright law.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the publisher.

Printed in The Netherlands

Omslagfoto: Michelangelo Merisi da Caravaggio, *Medusa* (1598).

"...if, before every action, we were to begin by weighing up the consequences, thinking about them in earnest, first the immediate consequences, then the probable, then the possible, then the imaginable, we should never move beyond the point where our first thought brought us to a halt."

(José Saramago, *Blindness*, 1995)

ACKNOWLEDGEMENTS

The following study sprang from one simple thesis: the way you look at the world determines what you see and the action you are likely to take. This may seem like a fairly trivial idea, but it takes on a new meaning when applied to transformations in the boundaries of the political sphere and in the exertion of state power. The argument made in the following is that the prevention perspective has fundamentally altered the intervention repertoire of the contemporary Western European state. Whether it concerns issues of crime, child abuse, dropouts, terrorist attacks, welfare diseases, problem neighbourhoods, climate change, epidemics, warfare (pre-emptive strikes), technological accidents or natural disasters, the preventive gaze produces new problem definitions, opens up new domains for state intervention, and, as a consequence, transforms the relation between state, society and citizens.

The following diagnosis of the state is an attempt to integrate public administration and political philosophy. This may give the following chapters a somewhat eclectic character: almost anthropological observations are alternated with seemingly rigid theoretical elaborations. There is a purpose for this, however, which stems from the conviction that public administration can never be reduced to a matter of (public) management, but is also always related to the way political power is exerted.

Such a focus on the aspect of power in government and policymaking also implies a way of seeing, which tends to produce its own set of specific problem definitions and conclusions. In that sense, the author is never completely absent from his own research. This is not necessarily contrary to scientific scrutiny – in fact, one could even argue that every social science study has to analytically reduce the complexity of reality in order to properly understand it. However, this realisation does oblige a researcher to treat his own words with some caution.

During my research, I experienced that the line between caution and doubt was often a thin one. How can one ‘catch’ a preventive gaze? How can one recognise it, define it or even begin to talk about its impact on the state? I would certainly not have been able to shake the feeling of chasing a ghost without the critical, constructive and, perhaps above all, engaged supervision of Stavros Zouridis. Working with you for the past five years has been both a professional and personal privilege.

A special thanks also goes out to Mark van Twist, whose often ominous but always invaluable comments have profoundly shaped my thinking, and to the Netherlands School of Public Administration, which gave me the time and opportunity to realise this project. Furthermore, I am grateful for the trust, cooperation

and openness of all those involved in my case studies in Rotterdam, Tilburg and The Hague. Furthermore, this study would not have been possible without the support and critical comments of Ellen Wiemer, Gerard Drosterij, Casper Geurtz, Bert Berghuis, Hans Nijhuis and Hans Gribnau. And finally, I would like to extend my gratitude to my colleagues at the NSOB and the Tilburg School of Politics and Public Administration, who have either consciously or unconsciously helped me to complete this book.

Rik Peeters

The Hague, October 2012

CONTENTS

CHAPTER 1 – INTRODUCTION: THE PREVENTION PERSPECTIVE

<i>1. Tales of the prevention reflex</i>	17
1.1. A spree killer in Germany	17
1.2. Child abuse in The Netherlands	18
1.3. Child murder in the UK	20
1.4. International terrorism	21
1.5. Outline	22
 <i>2. Prevention and the state</i>	 24
2.1. Through the gaze of prevention	24
2.2. A boundless concept	27
2.3. Prevention in the late-modern context	30
2.4. Prevention and the state	33
2.5. Research question and outline	37

CHAPTER 2 – THE SPHERES OF STATE INTERVENTION

<i>1. Introduction</i>	41
 <i>2. The idea of the state</i>	 43
2.1. The sovereign state	43
2.2. State and government	47
2.3. A sphere as the unity between definition power and intervention power	49
2.4. The family as a model of the government-society relation	52
2.4.1. Family metaphors and the state	52
2.4.2. Pastoral power	54
2.4.3. Paternal and maternal morality	56
2.5. The paternalistic sphere of state intervention	58
2.6. The maternalistic sphere of state intervention	59
 <i>3. The historical appearance of the state</i>	 61
3.1. Introduction	61
3.2. The constitutional state	64
3.2.1. Basic definition	64

3.2.2. The quest for a state-free domain	65
3.2.3. The quest for justification of authority	68
3.3. The welfare state	71
3.3.1. Basic definition	71
3.3.2. The social question	72
3.3.3. A new model for social order and prosperity	77
 4. <i>The mechanisms of state development</i>	80
4.1. Mechanisms and triggers	80
4.2. State mechanisms: power, preservation and justification	81
4.2.1. Reason of state and 'governmentality'	81
4.2.2. Justification through law and representation	84
4.2.3. The construction of consent	87
4.3. Societal mechanisms: demands for collective action	88
4.3.1. Protection and self-preservation	88
4.3.2. The promotion of interests	89
4.3.3. Resistance, avoidance and alternatives	90
4.3.4. The serviceable and invasive state	91
4.4. Triggers for state development	93
4.4.1. Belief system	93
4.4.2. Social system	97

CHAPTER 3 – RESEARCH DESIGN

1. <i>Introduction</i>	103
2. <i>Methodological approach</i>	106
2.1. Research objectives and question	106
2.2. Research methodology	107
3. <i>Research strategy</i>	109
3.1. Case selection	109
3.2. Data collection	112
3.2.1. Definition power	112
3.2.2. Intervention power	114
3.3. Data analysis	116
3.4. Data presentation	118

CHAPTER 4 – PREVENTION IN CRIME POLICY

<i>1. Introduction</i>	119
1.1. Crime, criminology and crime prevention	119
1.2. Prevention and Dutch crime policy	123
1.3. Outline	125
<i>2. Policy genealogy: from judicial reaction to problem-oriented proaction</i>	127
PART 1: A PREVENTIVE TURN IN CRIME POLICY (1982-1992)	
1.1. Introduction	127
1.2. Definition power	129
1.2.1. Individualisation ‘bites back’	129
1.2.2. A preventive turn	131
1.2.3. A division of responsibilities	132
1.3. Intervention power	133
1.3.1. Identifying and intensifying core tasks	133
1.3.2. A new strategy: administrative prevention	135
1.3.3. The organisation of prevention	137
1.3.4. The law-abiding citizen and the public domain as objects of intervention	138
1.4. Synopsis	139
PART 2: THE SLOW RISE OF THE SECURITY PARADIGM (1993-2001)	
2.1. Introduction	142
2.2. Definition power	144
2.2.1. The visible state	144
2.2.2. Crime prevention as socialisation and integration	146
2.2.3. The rise of the security paradigm	147
2.2.4. From a task-oriented to a problem-oriented approach	149
2.3. Intervention power	151
2.3.1. The strategy of proximity	151
2.3.2. The strategy of coordination	153
2.3.3. The strategy of personalisation	154
2.4. Synopsis	158
PART 3: CRIME PREVENTION AS BEHAVIOURAL INTERVENTION (2002-2011)	
3.1. Introduction	161
3.2. Definition power	163
3.2.1. The security paradigm	163

3.2.2. From legal order to public order	164
3.2.3. Risks and the sources of insecurity	166
3.2.4. A shared responsibility	168
3.3. Intervention power	171
3.3.1. Proximity: in the neighbourhood	171
3.3.2. Coordination: blurred boundaries	173
3.3.3. Personalisation: realising behavioural change	176
3.4. Synopsis	180
 <i>3. Crime prevention in Rotterdam</i>	 184
3.1. Rotterdam-South	184
3.2. Political context: a 'regime change'	185
3.3. Policy context: a preventive and area-oriented approach	186
3.4. Visible presence	189
3.4.1. Being there	190
3.4.2. Eyes and ears on the streets	191
3.5. The legible neighbourhood	193
3.5.1. Interventions in the opportunity structure	193
3.5.2. Interventions in the population composition	195
3.6. Intervening on presumptions	197
3.6.1. Proactive policing	197
3.6.2. Interventions behind the front door	199
3.7. Analysis	200
 <i>4. Care and Security House Tilburg</i>	 203
4.1. Tilburg, Spoorlaan 448	203
4.2. Assessment, coordination and intervention	207
4.2.1. Case consultations	207
4.2.2. Juvenile offenders	214
4.2.3. Habitual offenders	217
4.2.4. Ex-offenders	222
4.2.5. Risk families and care avoiders	226
4.2.6. Domestic violence	233
4.3. Analysis	238
4.3.1. A cause for concern	238
4.3.2. Care and discipline	240

CHAPTER 5 – PREVENTION IN PUBLIC HEALTH POLICY

<i>1. Introduction</i>	245
1.1. Disease, health and collective action	245
1.2. Prevention and Dutch public health policy	249
1.3. Outline	252
<i>2. Policy genealogy: the rise of the behavioural policy paradigm</i>	253
PART 1: PREVENTION AS COLLECTIVE PROTECTION (1966-1982)	
1.1. Introduction	253
1.2. Definition power	255
1.2.1. The dominance of the medical paradigm	255
1.2.2. Prevention as protection	255
1.2.3. A complementary responsibility	257
1.3. Intervention power	258
1.3.1. Decentralisation	258
1.3.2. Research, regulation and service delivery	259
1.3.3. Rational persuasion	259
1.4. Synopsis	260
PART 2: THE RISE OF THE HEALTH PARADIGM (1983-1990)	
2.1. Introduction	262
2.2. Definition power	264
2.2.1. The waning of the medical paradigm	264
2.2.2. The paradigm shift from disease to health	265
2.2.3. The determinants of health	266
2.2.4. From protection to emancipation	267
2.2.5. The politicisation of lifestyle	269
2.3. Intervention power	270
2.3.1. Anticipation, intervention, coordination	270
2.3.2. Education, regulation, detection	272
2.3.3. Lifestyle interventions: eating, smoking and drinking	275
2.3.4. The healthy citizen as object of interventions	278
2.4. Synopsis	278
PART 3: IMPROVING THE QUALITY OF LIFE (1991-2002)	
3.1. Introduction	282
3.2. Definition power	284
3.2.1. Prevention and the quality of life	284

3.2.2. Purposeful and prudent	286
3.3. Intervention power	287
3.3.1. Three organisational principles for a new intervention repertoire	287
3.3.2. The repertoire of lifestyle interventions	289
3.3.3. The identification of risk groups	292
3.4. Synopsis	293
PART 4: A HEALTHY LIFE AND THE MANAGEMENT OF CHOICE (2003-2011)	
4.1. Introduction	296
4.2. Definition power	298
4.2.1. Preventing decline	298
4.2.2. The convergence of individual and collective interests	300
4.2.3. Choosing a healthy life	301
4.2.4. A farewell to the rational citizen	302
4.3. Intervention power	304
4.3.1. Proximity: activating the social context	304
4.3.2. Coordination: an integrated approach to adolescents at risk	306
4.3.3. Timeliness: the outreaching state	308
4.3.4. Lifestyle interventions and the behavioural paradigm	309
4.4. Synopsis	313
<i>3. Healthy Together in The Hague</i>	317
3.1. In the neighbourhood	317
3.2. The coalition 'Healthy Conscience'	319
3.3. The three strategies of prevention	323
3.4. Collective prevention	326
3.4.1. Interventions in the opportunity structure	326
3.4.2. The transfer of health norms	329
3.5. Early detection	333
3.6. Personal support	336
3.6.1. Low-threshold services	336
3.6.2. Outreach support	338
3.7. Analysis	343
3.7.1. Healthy in body and mind	343
3.7.2. The closed order of prevention	344

CHAPTER 6 – THE PREVENTION STATE

<i>1. Introduction</i>	347
<i>2. An outline of the prevention state</i>	351
2.1. Definition power	351
2.1.1. Beyond the models of the constitutional and the welfare state	351
2.1.2. A teleological perspective	353
2.1.3. Behaviour and responsibility	357
2.2. Intervention power	359
2.2.1. The organising principles of prevention	359
2.2.2. The decent and healthy citizen as object and ideal	364
2.2.3. A web of incentives and disincentives	366
2.3. Toward a prevention state?	369
<i>3. The passage to the prevention state</i>	373
3.1. Introduction	373
3.2. State mechanisms: governing through freedom	374
3.3. Societal mechanisms: the enemy within	378
3.4. Belief system: the dualities of late-modernity	381
3.5. Social system: the drawbacks of progress	385
3.6. The expansive logic of prevention – an immanent mechanism	387
<i>4. Discussion</i>	389
4.1. Introduction: stepping back or stepping in?	389
4.2. The usurpation of the state-free domain	390
4.3. The politicisation of behaviour	392
4.4. The moderation of prevention	396
4.5. The essential imperfection of the prevention state	400
SUMMARY	403
SAMENVATTING	419
APPENDIX I: DUTCH POLITICAL CONTEXT	437
APPENDIX II: BIBLIOGRAPHY	441
APPENDIX III: POLICY MEMORANDA	477
APPENDIX IV: INTERVIEWS, OBSERVATIONS AND ADDITIONAL DOCUMENTATION	483

1. INTRODUCTION: THE PREVENTION PERSPECTIVE

"As soon as we accept the state, the political factor, the acts of authority, as a natural element in our daily lives, we stop to perceive these phenomena as problematic, and they no longer attract our attention. Our existence has become political to such an extent that we can no longer isolate the political factor and are no longer inclined to study it as a separate and problematic object of interest."

(Ernst Kossmann, *Politieke theorie en geschiedenis*, 1987)¹

1. Tales of the prevention reflex

1.1. A spree killer in Germany²

It was 9.30 AM on a Wednesday morning in March 2009 when 17-year old Tim K. opened fire on his classmates at a German secondary school in the town of Winnenden. Tim was a quiet and solitary pupil. He spent most of his free time playing violent video games. His father was a member of the local rifle club and owned 15 rifles, which he kept at home. With one of these, Tim killed nine of his fellow classmates, three teachers and another three people on his flight from the police. In a final shoot-out with the police, Tim was wounded and eventually committed suicide (SZ, 11-3-2009).

This incident was not the first spree killing in Germany. Similar incidents in 2002 and 2006 led schools to take increased security measures to protect their students, such as deploying CCTV-surveillance, closing entrance doors and accosting strangers on the premises (SZ, 12-3-2009a). Almost immediately after the events in Winnenden, questions arose as to what had brought Tim K. to commit his acts (SZ, 12-3-2009b) and how these could have been prevented. How could schools be protected without turning them into high-security compounds? Is it the task of the schools to reinforce their pupils' feeling of belonging and self-esteem, given today's society that is characterised by a surging number of broken homes, pressure to achieve and media consumption (SZ, 12-3-2009c)? Should gun laws be tightened and more strictly enforced, especially with regard to rifle club members (SZ, 13-3-2009a)? Should violent computer games, of the kind Tim K. used to

¹ My translation, RP.

² All data from the following four examples have been retrieved from large daily newspapers in Germany, the UK and the Netherlands with national circulation.

play, be banned (SZ, 13-3-2009b)? Should the psychologists who were treating Tim K. for a depression have known how dangerous he was (SZ, 12-3-2009d)?

Even though several politicians and criminologists stated that complete security was an illusion and a further tightening of gun laws ineffective, action of some kind was obviously required: "Der Tag nach dem Amoklauf ist der Tag für die Frage: Wie lässt sich eine solche Bluttat verhindern?" (SZ, 12-3-2009e). The Federal Chancellor called upon parents and educators not to encourage violence and demanded more stringent controls on the possession of weapons (SZ, 15-3-2009). Demands were made for stricter enforcement of the law requiring rifle club members to store their weapons separately from their ammunition in a safe at home (SZ, 12-3-2009f). And politicians stressed the importance of more data-sharing on potential spree killers among the various authorities such as youth care services, the police and schools, the need for improved support for children with mental problems, and for social work at schools (SZ, 13-3-2009c). A few months after the Winnenden massacre, new gun laws were passed in the German Parliament, which included the introduction of a national register for owners of firearms, and the possibility to perform compliance checks on owners of firearms at home without prior suspicion or notice (SZ, 10-7-2009).

Reflection:

The case of the Winnenden spree killer shows how a 'lone wolf' can, with the proper equipment, cause death and destruction in the seemingly safe environment of a secondary school. Moreover, the Winnenden case is not an isolated case. The 1999 shooting at Columbine High School in Colorado (US) has become the archetypal example of an adolescent spree killing. Every now and then, a seemingly random local community is shocked by the vicious acts of their fellow citizens.³ The extensive media coverage underlines the impact these brutal massacres have on the affected communities, as well as on the population's more general feelings of security. Politicians are quick to respond to these spree killings: a reaction of initial disbelief quickly gives way to a firm determination to protect society against future massacres.

1.2. Child abuse in The Netherlands

On December 12th 2010, Dutch public opinion was shocked by the news of a widespread child abuse case in Amsterdam. At a press conference, the mayor reported the arrest of a 27-year old man charged with abusing between 30 and 50 infants

³ Recent cases of spree killers include the 2002 massacre at a secondary school in the German city of Erfurt, the 2007 Virginia Tech massacre in the US, the 2011 massacre in the Dutch town of Alphen aan den Rijn, and the 2011 massacre on the Norwegian island of Utøya.

and small children over the course of a few years at two separate day nurseries in the capital. A picture of the suspect was released to the press, to enable parents of possible other, as yet unknown, victims to contact the police. A total of 150 detectives were assigned to the case. The same day, the newspapers reported that the judiciary had been given information about the suspect by a number of parents of small children back in 2008. No further action was taken at that time (NRC, 12-12-2010).

The media then probed the current controls and regulations that were in place regarding day nurseries: should the screening procedure of professional daycare workers be revised? Should there be more stringent regulations for daycare centres? Should men be allowed to work as childcare providers? (NRC, 14-12-2010). Contributing to this controversy was the news that the Municipal Health Service had filed fourteen reports with the city district about the shortage of personnel at the two nurseries concerned in the years preceding the scandal. It was unclear what the city district had done with these reports (NRC, 14-12-2010). Furthermore, on December 16th 2010, the newspapers reported that the suspect had also been convicted a few years ago in Germany for the possession and distribution of child pornography. Apparently, the background security check which is carried out following a request for a certificate of good character – a requirement for a job at a daycare centre – failed to include checking any prior conviction records abroad (NRC, 16-12-2010).

A few days later, the Dutch State Secretary to the Minister of Justice announced his intention to negotiate an agreement in the EU on the exchange of criminal files, with a view to preventing the issuance of certificates of good character to individuals with prior convictions elsewhere in the EU (NRC, 20-12-2010). Soon after the presentation of the investigation report on the child abuse case, the ministers of Social Affairs and Justice announced a proposal that would require daycare centres to ensure that each group of children is at all times supervised by two childcare providers, to reduce the risk of child abuse (NRC, 20-4-2011). And in July 2011, the same two ministers decided to introduce the permanent screening of child nursery staff for criminal behaviour: the Judicial Documentation System, in which all criminal offences are registered, will be linked to the names of all Dutch child nursery employees (NRC, 11-7-2011).

Reflection:

The child abuse case in Amsterdam shares a number of striking similarities with the case of the aforementioned German spree killer. Here again, politicians quickly vowed to take measures to prevent similar atrocities in the future. Moreover, only a few days were needed for public opinion and politics to formulate their response. In both cases, a similar reflex was exhibited, which consisted of the follow-

ing three questions: how could this have happened? Who had failed to prevent this? And how can we prevent similar incidents in the future? This prevention reflex is the almost immediate inclination to address persons, practices or procedures which could (in hindsight) have prevented the incident and, subsequently, to propose measures to prevent similar incidents in the future (cf. WRR, 2011).

1.3. Child murder in the UK

In November 2008, the details of the murder of the 17-month old toddler 'Baby P' were made public in the criminal case against his mother, stepfather and the couple's lodger. "His spine was broken 'like a hinge' with the level of force usually only suffered by victims of a car crash. [...] A post-mortem examination showed that one of Baby P's teeth had been knocked out and swallowed, a finger and toenail had been torn off, he was infected with lice and had bruises and cuts on his face and ears" (DT, 11-11-2008a).

In his short life, Baby P had been structurally abused. He came to the attention of the social services when he was nine months old, when he was registered in a child protection register. Over the course of eight months, Baby P was visited 60 times by care workers and was monitored by 28 different social service employees, health visitors, doctors and police officers. Several reports of possible abuse and neglect were made and Baby P's mother was arrested twice on child cruelty charges. Despite the various signs, no decisive action was taken to stop the abuse (DT, 11-11-2008b). Instead, the children's services stuck with the assumption that Baby P was 'accident prone' (DT, 14-11-2008a).

According to the British children's minister, the child council in whose 'at risk' register Baby P had been registered should be held responsible for the failure to prevent Baby P's death (DT, 12-11-2008a). The Director of the local Children's Services and Local Safeguarding Children Board quickly came under political pressure to resign (12-11-2008b). Several days later, a whistleblower's lawyers revealed that four ministers had been informed of the failure of the children's services to follow the child protection procedures (DT, 14-11-2008b). In addition, government inspectors had warned about the inconsistent implementation of the measures taken after a child murder in 2002 to prevent child abuse. No action was taken following this warning (DT, 14-11-2008c).

In reaction to the failed efforts to prevent Baby P's death, the Children's Secretary proposed measures to increase preventive efforts. The focus was on increased cooperation between social work, the police, general practitioners and child care, and on an increased awareness of the early signs of abuse and neglect: "In some places, there is still too little emphasis on early intervention and prevention. [...] Organisational barriers and competing priorities appear to be getting in the way" (DT, 18-11-2008). Furthermore, the Local Government Association pro-

posed to promote early intervention by advising social workers on how to identify and support troubled families (DT, 26-11-2008). More rigorous and compulsory on-the-job training for both social workers and management, and higher wages for social workers in “tough front line areas” were other elements of the government’s professionalisation plan (DT, 6-12-2008).

Reflection:

In reaction to failed prevention, more prevention is proposed. This political response to the death of Baby P reveals several new elements in understanding the prevention reflex. First of all, the fact that prevention had already been institutionalised in the child protection system for several years suggests that prevention does not solely come in the guise of a reflex, but also in more structurally internalised ways of looking at social reality. And second, the failure to prevent the toddler’s death reveals how prevention implies responsibility: caught in the gaze of prevention, the death of Baby P was not just a tragedy or coincidence, but an avoidable event for which people other than the actual murderers were (partly) to blame.

1.4. International terrorism

On Christmas Day 2009, a terrorist on board flight NW253 from Amsterdam to Detroit failed in his attempt to detonate the explosive substances he was carrying on his body. The passengers remained unharmed but shocked, and almost immediately the question arose of how the man had managed to smuggle the explosive substances aboard. The security checks at Schiphol airport complied with all international standards. However, a spokesperson of the Dutch National Coordinator for Counterterrorism stated that current technology, such as metal detection gates, was incapable of detecting all possible dangerous objects or substances (NRC, 26-12-2009).

The following day, December 27th, a managing director of Schiphol airport claimed that the use of a new security scan would enable the detection of any object a person might be carrying on his or her body. Schiphol already had fifteen of these machines, but used them only incidentally and on a voluntary basis. A majority in the Dutch parliament felt that all passengers should be checked with this new type of ‘body scan’ (NRC, 27-12-2009). On December 30th, the Dutch minister of Justice announced that within three weeks, the fifteen security scans would be used for flights to the United States. Speaking on behalf of the minister of Justice, the minister of Internal Affairs stated: “It is no exaggeration to say that the world escaped from disaster. If you reflect afterwards on what could have happened, and how many lives could have been lost” (NRC, 30-12-2009). In the meantime, the US government admitted that mistakes had been made in security procedures:

the man responsible for the failed attack was on a list of sympathisers of terrorist organisations, but counterterrorist agencies failed to pick him out (NRC, 28-12-2009).

A few days later, on January 5th 2010, Schiphol announced the purchase of 60 more security scanners. According to airport management, the scans would not only improve security but also prevent the unnecessary frisking of passengers. The scans were claimed to improve customer service and pose no infringement on privacy, as passengers show up as ‘anonymous dolls’ on the control screens (NRC, 5-1-2010). However, current (2010) EU-privacy regulations do not allow mandatory security scanning. Passengers may, therefore, refuse to use the security scan on flights to the US. But if they do, they will be considered suspect and subjected to a 100% check, which includes extensive frisking, according to a Schiphol spokesperson (NRC Next, 6-1-2010).

Reflection:

The responsibility of prevention provides an incentive for public authorities to introduce potentially far-reaching measures. In the face of a possible disaster, such as a terrorist attack, a more stringent control of potential criminals and more extensive screening for risk factors appears to be a logical course of action. Seen from the perspective of prevention, state interventions are justified and necessary on the basis of presumptions instead of established facts or specific suspicions. Based on this line of argument and equipped with the power to protect public order, authorities dedicated to preventing harm can have a substantial impact on the general public.

1.5. Outline

These four examples of the prevention reflex or “risk regulation reflex” (WRR, 2011) suggest that the prevention perspective alters the way societal problems are defined and subsequent policy measures are developed. In reaction to incidents such as spree killings, child neglect, child abuse and terrorist attacks, questions arise as to the preventive measures need to be put in place to protect society. Incidents are not perceived as tragic accidents, but instead as avoidable events.

As a consequence, questions of blame and responsibility enter the public discourse: something must be done to prevent similar incidents in the future. If public authorities are viewed as responsible for organising preventive interventions, this may have a profound impact on the way the state perceives society and intervenes in society. For the sake of prevention, regulations are tightened, security measures are increased, the monitoring of risk factors is introduced, and family support is strengthened.

The examples of the prevention reflex given above merely describe the response to individual incidents. However, they also spark the question of whether there is a broader underlying pattern of prevention in the way the state relates to society. Has prevention permeated into policy terrains such as crime policy, youth policy, public health policy and terrorism policy in a structural way? And if so, has the introduction of a prevention perspective fundamentally transformed the contemporary image or appearance of the Western European state?

These questions are examined in the following study. The research question and outline are discussed in the remainder of this chapter. First, however, several remarks are made on the nature of the prevention perspective, its specific cultural and historical background, and its possible implications for the role of the state.

2. Prevention and the state

2.1. *Through the gaze of prevention*

The prevention perspective has a transformative power. As the aforementioned examples of the prevention reflex show, the political reaction to incidents is not merely a symbolic or ritual gesture towards a shocked society. It is also a call for a type of state intervention, which stems from a specific perspective on social reality. Prevention transforms the nature of political problem definitions and of subsequent state interventions. In the face of avoidable tragedy, something must be done. The perspective of prevention reframes 'bad luck' into 'blame' and 'fate' into 'risks'. In the words of Stone: "The concept of risk has become a key strategic weapon for pushing a problem out of the realm of accident and into the realm of purpose" (Stone, 2002:200). A risk "refers to threats or dangers attributed to persons, technologies, or nature" and "to the chance of probability that these threats or dangers will result in adverse consequences for a specified party" (Ericson & Doyle, 2003:2). Prevention, then, is the activity undertaken to avert a risk.

The transformative force of prevention is evident on many levels of policymaking. Consider, for instance, the way street furniture is designed.⁴ While street-lighting, traffic signs, fences and benches appear to be merely functional elements in the design of public spaces such as roads and squares, upon closer inspection they often also serve preventive purposes. Bollards or other obstacles may be strategically placed to physically prevent people from parking or entering a road. The use of transparent glass and proper lighting in entrance halls of apartment blocks reduces the risk of crime. And public benches may be designed in such a way that they are impossible to lie down on (to prevent vagrants from using them) and uncomfortable to sit on for an extended period of time (to prevent loitering by groups of adolescents).

Similar transformations are also visible on a completely different level and in less 'innocent' practices. Prevention is not only infused into 'everyday' policymaking, but also into more 'exceptional' state activities, such as the reasoning for warfare – especially in the case of so-called 'pre-emptive strikes'. The 2004 BBC-documentary *The Power of Nightmares* analyses the rationale behind the US government decision to launch the 'War on Terrorism', which, among other things, led to the 2001 invasion of Afghanistan and the 2003 invasion of Iraq. According to this documentary, fundamental to these and other decisions in relation to the threat of Islamist fundamentalism was a shift from 'what is' to 'what if' policymaking. In much the same way, the ambition to prevent terrorist attacks has in

⁴ See, for instance, the website of the Dutch Police Residential Security Warranty; <http://www.politiekeurmerk.nl/keurmerk>; consulted d.d. 7-7-2011.

various countries led to a justification of anticipative criminal investigations without a prior reasonable suspicion or showing probable cause that a crime has been, is or will be committed (Hirsch Ballin, 2012).

In this type of reasoning on national defence, presumptions, rather than established facts, become the basis for decisions to launch attacks. This has far-reaching consequences for the justification of war: from a preventive perspective, a pre-emptive strike is considered a superior option to waiting to be attacked. From a preventive perspective, it is even irrational to wait for such an attack: once a rhetorical relation has been established between a presumed future harm and the possibility to prevent it by means of a lesser evil, it is difficult to argue against pre-emptive strikes.

The way we perceive the world has major consequences for the way we are inclined to act. Michel Foucault uses the notion of ‘the gaze’ to underline the importance of the perspectives we use for the production and justification of our interventions in social reality.⁵ In his 1963 study *The Birth of the Clinic*, discussing the way medical knowledge from the 18th century onward created a divide between the patient as a body and the patient as a person, Foucault uses this concept to describe “[...] the relation of situation and attitude to what is speaking and what is spoken about” (1994:xi). In doing so, he refers to the psychoanalytic origins of ‘the gaze’ as a scientific concept. For psychoanalyst Jacques Lacan (1988), the gaze constitutes a relationship between the viewer, who has a desire to intensely observe a subject, and the subject, who is aware of the possibility that he may be gazed at. Gazing is more than looking – it often stems from a desire to control a subject in some kind of way. A subject ‘captures the eye’ of the viewer and is simultaneously captured by it.

In Foucault’s analysis, the medical gaze produces a new type of relation between medicine and the human body. The specific medical perception of a person emphasises certain elements and characteristics of the body, organises these

⁵ As such, Foucault’s notion of ‘the gaze’ is tightly related to the notion of ‘frame’, which is a common concept in social science (e.g. Goffman, 1974; Edelman, 1977; Schön & Rein, 1994). ‘Frames’ are the perspectives through which people interpret and ‘make sense’ (e.g. Weick, 1995) of the world surrounding them. ‘Framing’, then, is the process through which people, either consciously or otherwise, construct these perspectives. Moreover, the use of a specific ‘frame’ affects problem definitions and the actual outcome or choices people make (e.g. Tversky & Kahneman, 1974, 1981).

The differences between the notions ‘gaze’ and ‘frame’ are, to a large extent, a matter of detail. The notion of ‘the gaze’ is used here since it has the connotation of a more inescapable and imperative ‘way of seeing’. The point here is that ‘a gaze’ is, by and large, blind to alternative ways of seeing – people are ‘caught’ in a certain ‘gaze’. By contrast, a ‘frame’ might also be considered a communication technique to deliberately and strategically build or ‘reframe’ a certain (political) message (e.g. Lakoff, 2004).

in causal schemes, makes them visible in medical language and research, and simultaneously suppresses alternative interpretations: "As soon as one used the ear or the finger to recognize on the living body what was revealed on the corpse by dissection, the description of diseases, and therefore therapeutics took a quite new direction" (Daremborg, cited by Foucault, 2003:164). The human body becomes understood as the source of illness and as object of intervention for medicine. The medical gaze transforms the understanding of disease: "Disease breaks away from the metaphysics of evil, to which it had been related for centuries" (Foucault, 2003:169). As a consequence, the medical gaze also produces a new ideal, an image of man which is to be achieved by medicine: "Medicine must no longer be confined to a body of techniques for curing ill and of the knowledge that they require; it will also embrace a knowledge of *healthy man*, that is, a study of *non-sick man* and a definition of the *model man*" (Foucault, 1994:34).

In much the same way, the 'gaze' or 'act of seeing' (Foucault, 1994:ix) underlying the prevention reflex shapes the way social reality is understood and acted upon. What is captured in the *preventive gaze* is a world filled with avoidable risks. The preventive gaze constitutes a relation between the viewer – in this study: the state – and the presumed causes of future harm. This structuring of perceptions and subsequent production of preferred interventions turns the gaze into "[...] the eye that knows and decides, the eye that governs" (Foucault, 1994:89). The presumption examined in this study is that the governing potential of the preventive gaze transforms the role of the state once the gaze takes hold of the political sphere. Different problems will be defined, different solutions will be proposed and different state interventions will be executed.

This study mirrors the line of reasoning in James C. Scott's *Seeing Like a State* (1998). His basic argument rests on the assumption that a basic belief pattern is responsible for the production of certain kinds of policy outcomes. In Scott's study, this belief pattern is the high-modernist ideal of improving the human condition by means of rational planning – as was executed in 20th century urban planning, in Soviet collectivisation in agriculture, or in Tanzanian compulsory villagisation of nomadic tribes. Seen through the eyes of rational planning, old medieval cities are chaotic, fragmented little farms are ineffective, and a nomadic life is incompatible with modern citizenship. In other words, chaos, ineffectiveness and tribalism are unacceptable in the modernist perspective.

It is suggested here that the preventive gaze produces a similar mechanism: an awareness of possible future harm and the identification of its determinants create an *imperative* for the state to act. Once social phenomena have been identified as determinants of future harm, a state of blissful ignorance almost inevitably gives way to a state of prevention. In the face of known or conceivable

future harm, something must be done and prevention emerges as the logical course of action. Hence, the following is not an inquiry into what a risk *is*, but of “what is done *in the name of risk*” (Baker & Simon, 2002:18).

2.2. A boundless concept

Defining prevention is a necessary, but treacherous affair. In this study, prevention will be understood to refer to intentionally taking measures with the objective of avoiding certain future events or to avert certain future developments. This definition focuses on an explicit preventive intention, not on the (unintended) preventive effect of an action.⁶ Prevention implies a belief in a certain ability to anticipate the future⁷ and in a certain ability to choose among alternative courses of action in order to avert this future. It depends on the construction of a causal scheme between future events and actions taken to avoid them. Consequently, prevention implies the potential of backward reasoning to avert a certain imaginable future. Prevention takes a not (yet) existing reality as the basis for interventions in the present (cf. Van der Steen, 2009; In ‘t Veld, 2010).

The interpretation of the future is inherently subject to perception and social construction. Complete foresight is almost never attainable. Moreover, the social interpretation of risks is subject to processes of underestimation and overestimation, and is therefore never completely rational or objective. People may have cognitive biases when assessing risks, perhaps because events which can be easily brought to mind are perceived as more likely than other events, or because people prefer risk aversion over a gamble with a higher expected utility, or because people have a greater concern for immediate than for long-term threats (e.g. Tversky & Kahneman, 1974; Slovic c.s., 1982; Koger & Winter, 2010).

Furthermore, the individual assessment of risks takes place in interaction with broader social and cultural processes and factors, such as public distortion or social amplification of risks as a result of intensive media coverage of crime or disasters (e.g. Kasperon c.s., 1988; Vasterman, 2004).⁸ In short, what exactly con-

⁶ Which also makes this an explorative and not an evaluative study.

⁷ Which relates prevention to the concept of risk, or the possibility that a certain activity or development will lead to an undesirable outcome. After all, “accidents happen, risks are caused” (Kemshall, 2002:8).

⁸ Consider for instance the case of the 2009 flu pandemic. Ironically enough, the media attention sparked by the outbreak of the H1N1 influenza virus mimicked the dynamic of a typical epidemic (Vasterman c.s., 2011:68). In April 2009, the discovery of the virus led to widespread concern about the possible consequences. A period of a few months followed in which both the virus and the media attention spread rapidly. Reports on new cases of the flu popped up all over the world and by June 2009, the World Health Organization (WHO) declared the flu outbreak an epidemic.

This was also the period in which experts and governments started talking about the controlling the outbreak. For instance, the Dutch government not only started mass-media

stitutes a risk essentially remains contested. To some extent, the Thomas theorem is applicable here: “It is not important whether or not the interpretation is correct – if men define situations as real, they are real in their consequences” (Thomas & Thomas, 1928).

Prevention has a complex relation to knowledge. On the one hand, the selection and definition of risks depends more on social and cultural factors than on knowledge (Douglas & Wildavsky, 1982). On the other hand, prevention implies the knowledge or at least awareness that certain risks exist and that these can be assessed in terms of their probability and possible consequences. Risk analysis can sometimes even fall back on statistically calculated probabilities: the chance of an accident occurring times the expected loss in case the accident occurs. This formula is, for instance, used in flood prevention, which is commonly based on the trade-off between the probability of a major flood occurring and the costs of further protection to decrease this probability. Just as often, however, risks analysis is a matter of political, professional or personal assessment.

A risk may be a conceptual construct, but it is to be distinguished from fundamental uncertainty. A risk, as subjective as it may be, always implies a certain theory with regard to future developments and possible courses of action to avert this development. This, of course, does not mean that this theory has to be correct to serve as a basis for preventive measures. A state of uncertainty, however, lacks even this theory. Uncertainty presumes an absence of knowledge of what might happen in the future and a fundamental incapability to reduce uncertainty by gathering more knowledge (Knight, 1921).

Uncertainty may, however, also be a basis for action or deliberate inaction to avert future harm. This is exemplified by the ‘precautionary principle’, which was developed in the field of climate change and codified in the 1992 United Nations ‘Rio Declaration on Environment and Development’: “Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation”.⁹ The three-fold negation constituting the precautionary

campaigns and selected risk groups among the population, but also ordered the purchase of 34 million vaccines – enough to vaccinate the entire Dutch population twice. During the last few months of 2009, the media attention in the Netherlands reached its peak as several deaths were reported, allegedly related to the flu outbreak. Only by the time the threat of the H1N1 virus had subsided in early 2011, did critical rather than worried media coverage began to filter through – for instance, on the conflict of interests of some leading virologists (Vasterman c.s., 2011).

⁹ <http://www.unep.org/Documents.multilingual/Default.asp?DocumentID=78&ArticleID=1163> consulted d.d. 9-7-2011.

principle (no scientific certainty is no reason not to intervene)¹⁰ serves as an argument to avoid any activity of which it is uncertain whether it will lead to future harm, or to take action if it is uncertain whether doing nothing will lead to future harm (cf. Harremoës c.s., 2001).¹¹

The conceptual distinction between ‘prevention’ and ‘precaution’ lies in the acceptance of uncertainty as a justification for action: whereas prevention depends on the identification of risks, precaution is already justified if it is uncertain whether risks are involved (Trouwborst, 2009:117). The adage of precaution is: it is better to be safe than sorry (Wiener, in Paustenbach, 2002:1513). In the remainder of this study, the notion of ‘prevention’ will be used unless a certain practice qualifies as an obvious case of ‘precaution’.

Prevention has several conceptual characteristics, which are important for understanding its transformative force. First of all, prevention is a *boundless concept*. There is no inherent boundary to the range of preventive interventions. Prevention can have virtually any phenomenon as its object. There is no a priori limitation to the number of risks which can be identified to avert a certain future development or phenomenon. Seen through the gaze of prevention, a potentially infinite number of phenomena can be relevant objects of intervention. Put differently, the perspective of prevention has the potential to render Mill’s ‘harm principle’ absurd: if a state may ‘only’ use its power against a citizen’s will to prevent harm to others, the preventive gaze transforms this principle into a license for unbridled interventions instead of an argument to limit state interventions.

Second, the boundless character of prevention suggests a sense of *immunity*. There is no criterion to decide how much should be done: “one can never know whether one is doing *enough* to prevent a hazard from occurring. Even after

¹⁰ Wiener (in Paustenbach, 2002) identifies two other versions of the precautionary principle in the regulation of, for instance, environmental pollution and medicine. Next to the more or less modest interpretation of the principle as ‘uncertainty does not justify inaction’, he distinguishes two more ‘aggressive’ interpretations. First, precaution can also mean ‘uncertain risk justifies action’. Here, precaution becomes a ‘positive’ adage: “If there is (1) a threat, which is (2) uncertain, then (3) some kind of action (4) is mandatory” (Sandin, 1999:889). Second, precaution may even mean ‘shifting the burden of proof’. This implies that an activity should be forbidden unless a certain standard of proof is met by the opponent (Wiener, in Paustenbach, 2002:1514-1518).

¹¹ However, as Sunstein (2005) makes clear, there is an inherent contradiction in the precautionary principle. The principle does not provide a means to select specific risks and hence treats all risks equally. Logically speaking, this would prevent us from undertaking any action whatsoever. After all, if we were to consider the possible consequences of all our actions, no course of action can be regarded completely free of risk (cf. Saramago, 2005:78). Instead of giving guidance, the precautionary principle paralyzes: “it purports to give guidance, but it fails to do so, because it condemns the very steps that it requires” (Sunstein, 2006:14).

a hazard has occurred, one is still left with the question of how much more action would have been necessary to have prevented it, and whether such action would have been within the bounds of 'reasonable' behaviour" (Ravetz, in Dierkes c.s., 1980:47). Consider the threat of terrorist attacks: how to evaluate the terrorist attack that never occurred? The absence of an attack might lead to a continuation of security measures: the problem is absent precisely because of preventive measures. And suppose a terrorist attack should occur. A probable reaction would be an increase in security measures: obviously, prevention has failed because not enough was done. In short, every outcome of an evaluation may in principle lead to arguments for the continuation or further increase of preventive measures. Since prevention rests on possibilities and presumptions rather than observable facts, the justification for state intervention threatens to become based on statistics, assessment, subjectivity and fear.

And third, prevention has a *self-reinforcing logic*. This self-reinforcement is not a determined natural law,¹² but nonetheless a clearly recognisable immanent characteristic of the concept of prevention. As there is no way of knowing whether enough is being done to prevent an undesirable future, prevention has the tendency to produce more prevention. At the very moment a causal scheme is constructed between an undesirable future and its possible determinants, this expansive logic may take effect: seen through a preventive gaze, the effectiveness of interventions is presumed to increase when measures are taken as early as possible and when the range of measures is as broad as possible to cover all identified risks.

2.3. Prevention in the late-modern context

Prevention can be applied to a seemingly unlimited range of human activities. Prevention is expressed in undisputed and everyday acts such as remembering to bring an umbrella when rain is expected, and using bicycle locks to prevent theft. Furthermore, prevention is certainly not a new or merely contemporary phenomenon. The prevention of theft by means of locks or weaponry, for example, is by no means limited to a specific historical era. The plea for prevention in proverbs such as 'when the steed is stolen, the stable door is locked' and 'prevention is better than cure' suggest a long tradition of prevention in the private sphere. Governments have since long taken up preventive measures in their intervention

¹² A possible counterexample here concerns developments in Dutch flood prevention. For a long time, flood prevention implied building dikes, dams and barriers against high water. However, recently a more 'resilient' strategy is being applied to prevent the major flooding of rivers. Instead of trying to prevent any flooding at all costs, government now appoints designated areas for 'controlled flooding' to prevent major flooding elsewhere (see <http://www.rijksoverheid.nl/onderwerpen/water-en-veiligheid/ruimte-voor-de-rivier>; consulted d.d. 6-6-2012).

repertoire as well. Examples include the Medieval practice of closing city gates at night to prevent attacks, or of late 19th century efforts in public hygiene (such as sewerage) to prevent epidemics in densely populated areas. Even the existence of the state itself can be understood as an effort to prevent “a war of all against all” (Hobbes, 1651).

However, there are several arguments which suggest that the prevention perspective especially relates to the characteristics of our contemporary time and place. Prevention may be understood as an important ‘cultural undercurrent’ of late-modern Western European societies.¹³ The idea that prevention is a contingent way of dealing with the future and with risks is based on cultural theory’s insight that the identification, definition and selection of risks is always the product of a specific social order (cf. Douglas, 2002:44). What counts as a risk is the outcome of a contingent cultural setting or cultural bias.¹⁴ There is no such thing as a threat or risk ‘an sich’ (e.g. Douglas & Wildavsky, 1982).

For instance, modern societies have a very specific way of reasoning in the face of risks, which sets them apart from pre-modern societies: “Moderns [...] follow a line of reasoning from effects back to material causes, primitives follow a line from misfortune to spiritual beings” (Douglas, 2005:3). The causal schemes underlying preventive practices typically follow this modern line of reasoning. In the words of Dutch philosopher Jos de Mul, modern culture strives for a ‘domestication of fate’ (De Mul, 2006). This attitude is, for instance, in contrast with the attitude of the ancient Greeks, who in their tragedies incorporated it into their worldview as an inevitable element of human being; and with the Christian attitude of ‘humble submission’, in which fate is understood as being the will of God.¹⁵

¹³ Hence, prevention can also have a therapeutical function: it provides a sense of control in a world in which we have lost faith in a divine ‘grand plan’. Whether or not prevention is effective does not matter in this perspective.

¹⁴ For instance, while late-modern societies show a low risk tolerance for crime and terrorism, taking risks is the mainstay of the free-market economy. And Boutellier (2002) points out the peculiar combination in contemporary societies of a high level of demand for security and a high level of what he calls ‘vitality’ – a combination exemplified by the image of a bungee jumper on the cover of his book: on the one hand, people have a longing for action and danger, on the other hand, they expect the bungee cord to be subject to strict government regulation.

¹⁵ An interesting example of the difference between the modern and the Christian outlook on fate comes from the reaction to the vicious acts of a Dutch spree killer. On April 9th 2011, a 24-year old man with an automatic rifle fired roughly 100 times at a shopping crowd, killing six people and injuring a further seventeen before committing suicide. The man was a member of a local rifle club and had a permit to keep five firearms at home (NRC, 9-4-2011).

Over the following days, Dutch public opinion was caught up in a prevention reflex. However, one explicitly religious Dutch newspaper expressed a different view. In its editorial it did not, as most other newspapers, focus on who might be held responsible. Instead, it reminded its readers that incidents like these urge us to reflect upon the meaning of death and life after death (Reformatorsch Dagblad, d.d. 11-4-2011).

Properly understood, prevention is not merely the domestication, but even the *denial of fate*. In the preventive gaze, the notion of fate is replaced by an idiom of blame and responsibility. The possibility of 'fate' is denied when the image of an undesirable future is not the outcome, but the starting point of human action.

Several analyses of late-modern cultures and societies have pointed out how the optimistic Enlightenment origins of modernity have in recent years been complemented by a more pessimistic outlook on the outcomes of (collective) human behaviour. The 'domestication of fate' (De Mul, 2006) implies a belief in the human capability to control the future, for instance through rational planning and taming of the forces of nature. According to Beck (1986), what characterises late modernity is that exactly this belief in the positive outcome of human behaviour is called into question – even though the very idea of prevention suggests this belief is to some extent still intact.

In the period of 'reflexive modernisation' (Beck, 1986:14; cf. Beck c.s., 1994), modernity has itself become the object of reflection and reconsideration. Human intervention is no longer safeguarded against the critical stance characteristic for modern man. In the words of Giddens: "The reflexivity of modern social life consists in the fact that social practices are constantly examined and reinforced in the light of incoming information about those very practices, thus constitutively altering their character" (2009:38). Beck illustrates this by showing how the very efforts to liberate man from the forces of nature have caused the emergence of new and difficult to control risks. The process of industrialisation may have led to the extinction of mass poverty in the western world, but at the same time, it has produced new types of technological, environmental and nuclear risks. A 'risk society' (Beck, 1986) is a society in which the foundations of welfare are at the same time understood as important causes of potentially destructive risks.

The idea of 'reflexive modernisation' is not necessarily limited to technological, environmental or physical risks. This study addresses the question of what negative effects contemporary society produces in terms of human interaction and direct human behaviour (cf. Garland, in Ericson & Doyle, 2003:69). These '*social risks*' include crime, unhealthy lifestyles, terrorism and child abuse. As with technological risks, 'reflexive modernisation' focuses on the risks 'produced' by contemporary late-modern society. This shift in perception from the upsides to the downsides of modernisation coincides with structural transformations of modern societies. Just as the focus on technological risks was sparked by the emergence of mass scale industrialisation and environmental pollution, the focus on social risks may be understood as a reaction to the way individualised and well-faring societies seem to 'produce' mass crime, as a reaction to the disintegra-

tion of social cohesion and control, and new public health issues, as a result of the rise of non-physical labour and the availability of unhealthy food (e.g. Van Dijk c.s., 2009; Mackenbach & Van der Maas, 2008).

The emergence of 'reflexive modernisation' has important consequences for the way contemporary social reality is understood. Social risks are seen as an inevitable part of late-modern societies. They are 'among us' and a part of everyday social life (cf. Wiener, in Paustenbach, 2002). Other people might cause annoyance, might commit crimes, might catch a contagious disease, might cause accidents, might raise their children poorly, might take advantage of welfare state provisions or might not contribute to the welfare of society according to their capabilities. A reflexive attitude transforms our experience of society into a form of living together which is inherently vulnerable to infractions caused by its very constitutive elements: *social risks are perceived as an intrinsic by-product of human behaviour*.

The awareness of social risks does not imply acceptance of these risks as a 'fact of life'. Instead, the reflexive perspective is complemented by a preventive perspective. As the aforementioned examples of the prevention reflex suggest, the striving to 'domesticate fate' (De Mul, 2006) is still very much a dominant characteristic of contemporary political culture. In other words, modernity is not a thing of the past. In late-modern societies, the modernist scheme of thought is not only applied to threats external to human behaviour (such as natural disasters and illness), but also to threats as a result of human behaviour. In a way, the preventive gaze can be understood as the peculiar combination of a pessimistic outlook on the potential consequences of human action and the optimistic belief in the aversion of these undesirable consequences.

2.4. *Prevention and the state*

The following study is not a sociological diagnosis of the cultural meaning of prevention, nor does it intend to suggest that prevention is something entirely new in the intervention repertoire of governments. Instead, this study aims for a diagnosis of the state and focuses explicitly on *analysing the structural impact of the prevention perspective on the role of the contemporary Western European state*. The underlying premise is that the preventive gaze produces new problem definitions and identifies new objects of intervention, thereby altering our contemporary political reality and the way a state relates to society and citizens.

Our present-day understanding of the state may be in need of re-conceptualisation. The state, defined by Weber as "[...] diejenige menschliche Gemeinschaft, welche innerhalb eines bestimmten Gebietes [...] das *Monopol legitimer physischer Gewaltsamkeit* für sich (mit Erfolg) beansprucht" (Weber, 1994:36), is a crucial concept in contemporary political reality. The modern rela-

tion between society, territory and governing authority is determined by the existence of a state. Citizenship depends on the recognition of individuals by the state. The rule of law is enforced by the state. Welfare services are provided by the state. Political power depends to a large extent on the existence of a state apparatus. In short, the state is a crucial entity for our security, welfare, rights and politics.

Because the state determines to a considerable extent the outline of society, transformations in the range and depth of state interventions may have substantial consequences for the structuration of society. The boundless, self-referential and self-reinforcing tendencies of the preventive gaze have the potential to expand the range of state activities as a result of the potentially endless reservoir of risks, and to increase the depth of activities as a consequence of the ambition to intervene in society before actual problems occur.

The increased incursion of prevention into the realm of the state is not necessarily a bad thing. However, it is never a neutral or innocent development. Its consequences can be assessed in both positive and negative terms. For instance, Van den Brink (2006:23-28) sees surveillance and prevention as logical strategies for upholding public order in a society characterised by assertive behaviour in the public domain, by declining social control, and in certain neighbourhoods, by downward spirals of disorder and degradation. By contrast, Frissen (2007:90) links preventive interventions on the part of the state with practices of normalisation and discipline. On the one hand, prevention seems a logical and sensible course of action in the face of social risks. On the other, prevention may, under specific circumstances, lead to undesirable situations, as when other values – such as privacy or the rule of law – threaten to become oppressed. Precisely this contested appreciation of prevention underlines the importance of a study designed to shed more light on the consequences of the prevention perspective for the contemporary state.

A study into the transformation in state interventions is related to a broader body of knowledge and analysis in contemporary political, sociological and public administration research. First of all, there are scholars who focus on vulnerability, risk and prevention as defining notions of contemporary political culture (e.g. Furedi, 1997; Garland, 2006; Schinkel, 2007; Pieterman, 2008). For instance, Pieterman (2008) introduces the notion of a 'precautionary culture' to mark a new phase in our attitude towards risks. In his view, the 19th century was marked by a culture of individual accountability to carry the burden of whatever fate brought, and the 20th century was characterised by the establishing of (collective) insurance schemes to accommodate the consequences of provable risks. However, the end of the 20th century saw the rise of a culture in which politicians have a moral responsibility for the prevention of risks. According to Pieterman, the risk

culture and the precautionary culture exist side by side at the beginning of the 21st century.¹⁶ Both cultures deal with risk, but insurance is a compensation mechanism for harm, should this occur, whereas prevention and precaution aim to tackle the actual or perceived causes of harm in order to prevent this from occurring in the first place.

Second, there are scholars who focus on the emergence of prevention as an important strategy in specific policy domains. In the public health domain, several authors have pointed out the increased importance of the social determinants of health to prevent obesity, cardiovascular diseases and cancer in affluent societies (e.g. Wilkinson & Marmot, 2003; Keller, 2008; Mackenbach, 2011). And in the field of criminology, a shift in focus to individual behaviour as an object of preventive crime policies and integrated security policies can be discerned (e.g. Garland, 2001; Boutellier, 2002; Sherman c.s., 2002; Welsh & Farrington, 2006).¹⁷ This study aims to broaden the scope to a more general understanding of the way the preventive gaze transforms the role of the state (cf. Van Gunsteren, 2008; Huster & Rudolph, 2008).¹⁸

A third relevant body of knowledge does include prevention in analyses of more fundamental shifts in our understanding of the contemporary state. Two important strands of thought stand out. The first of these concerns the emergence of the 'regulatory state'. True, the regulation of public hygiene and food safety originated in the late 19th century and environmental pollution regulations date from the 1970s, but it was not until the 1980s that a broader development towards a 'regulatory state' was seen in response to concerns about the efficiency of the welfare state as provider of public goods (e.g. Majone, 1994; 1997). Instead of

¹⁶ There is much to be said for the thesis that the 19th century culture of individual responsibility still exists as well: "[...] a unitary, responsible self-agent must be supposed to exist because it is intellectually, juridically, and morally necessary [for our culture]" (Douglas, 2005:220).

¹⁷ Besides attention for specific policy fields, there is also a substantial body of literature on actual preventive strategies covering various policy domains. These strategies range from crime prevention through environmental design (e.g. Jeffrey, 1971; Newman, 1972; Kelling & Wilson, 1982; Atlas, 2008), to the monitoring of behaviour and surveillance in the public domain (e.g. Foucault, 1975; Lyon, 2001; 2007), and to various modes of 'soft paternalism' and 'libertarian paternalism' to influence the choice architecture in every-day decisions regarding health and wealth (e.g. Sunstein & Thaler, 2003; Thaler & Sunstein, 2008; WRR, 2009; Schinkel & Van Houdt, 2010; Tiemeijer, 2011).

¹⁸ While the latter authors focus mainly on the domain of 'Gefahrenabwehr', Van Gunsteren stresses the broad range of preventive interventions developed by the contemporary state: "Prevention marches on, not only in the domain of counterterrorism, but much broader: in the domain of youth and family, where families are monitored to make early interventions possible when children are in danger; in health care, where preventive services are part of the general health care insurance; in the issue of the ageing population, where politicians insist on taking measures now in order to prevent ageing from becoming an intractable problem in the future" (2008:446; my translation, RP).

directly intervening in society through ‘taxation and spending’, the state began to rely on ‘rule making’ (Majone, 1997:139): the regulatory state leaves the organisation and management of public goods (such as health care, social security and infrastructure) to (semi-)private actors and relies on sets of regulations to manage these actors ‘at a distance’ (e.g. Majone, 1994, 1997; Vonk & Tollenaar, 2010).

A practical implication of regulation is a focus on the risks produced by the behaviour of (semi-)private actors. Risk-based monitoring and rule making are crucial in the regulation of such domains as food safety, environmental pollution, health care quality, financial markets and critical infrastructures (e.g. Power, 1997, 2004; Braithwaite, 2000; Wiener, in Paustenbach, 2002; Gollier & Treich, 2003). However, whereas prevention is seen as a by-product of a move towards rule making and governing ‘at a distance’ in the framework of the regulatory state (e.g. Majone, 1997:147), the present study focuses on prevention to understand the contemporary governing of social relations.¹⁹ Prevention is not studied as a by-product of another development, but as the dominant mode of governing itself.

A second strand of thought with a strong focus on prevention centres around notions such as ‘positive welfare’ (Giddens, 1998), ‘enabling welfare’ (Gilbert, 2002), ‘new welfare’ (Taylor-Gooby, 2008) and ‘social investment state’ (Engelen c.s., 2007). These notions have been developed to grasp recent transformations in the welfare state, which share the objective to move towards a new division of responsibilities between state and citizen to prevent risks related to unemployment, illness and welfare. The present study is related to this emergence of ‘social risk management’ (Schmid, 2006), but expands this analysis of state development beyond the confines of the welfare state. The impact of the preventive gaze is also presumed to have an effect on such domains as crime and security policy. In doing so, it understands the contemporary image of the state not as a progression of the welfare state, but rather as the consequence of a specific way of looking at social reality – through the gaze of prevention.

This study is related to the aforementioned strands of thought, but differs in the fact that it aims to explore the transformative effect of the preventive gaze on the characteristics of both the tasks undertaken by a state and the specific activities it develops to perform these tasks. Obviously, however, this study does not mean to imply that all state activities can be understood as preventive as if this constituted the essence of government. Government is always much more heterogeneous and hybrid than that. Instead, this study focuses on one aspect of contemporary gov-

¹⁹ Even though there is considerable debate as to what can be covered by the term ‘regulation’. There are certain interpretations which do include broader attempts to manage social relations and modify behaviour (Black, 2002).

ernment, which is presumed to have substantially influenced our understanding of the state. The underlying assumption is that the logic of prevention differs fundamentally from the logic underlying common conceptualisations of the contemporary state, such as the constitutional and the welfare state (cf. Ewald, in Baker & Simon, 2002). If this assumption is correct, our traditional view of state activities – either as a constitutional or as a welfare state – is insufficient to describe the nature of preventive ambitions and activities.

The constitutional state provides the legal framework for a state's 'Ein-griffsverwaltung' – that is, the administration of justice and subsequent punishment of criminals. And the welfare state contains a state's 'Leistungsverwaltung' or positive obligation to provide welfare services and social security (Schröder, in Seerden & Stroink, 2002). Whereas the administration of justice is a reaction mechanism to guilt, prevention implies acting before a crime is committed. And whereas welfare services are a compensation mechanism for fate (either in the form of a posteriori compensation for risks of illness and unemployment or in the form of a priori compensation for unequal opportunities), prevention implies acting upon the actual causes of potential future harm.

More specifically, preventive interventions can take three distinct forms – analogous to the common distinctions made in public health and criminology between primary, secondary and tertiary prevention (e.g. Mackenbach & Van der Maas, 2008:192; Van Dijk c.s., 2009):

1. Prevention as taking measures to avoid the occurrence of an undesirable phenomenon or development.
2. Prevention as early detection of undesirable phenomena or developments in order to make early interventions possible.
3. Prevention as taking measures to reduce the negative impact of harm after this has already occurred – in other words: to prevent further harm.

On all three levels, the preventive gaze can 'produce' new state interventions or lead to new impulses for existing state activities, which do not fit into existing conceptualisations of the state. Primary prevention can take the form of information campaigns to prevent obesity or of restructuring the public domain to reduce the risks of criminal behaviour. Examples of secondary prevention are population screening to detect early signs of cancer, and early intervention programmes for at-risk adolescents who are in danger of sliding off into a criminal career. And tertiary prevention can take the form of personalised trajectories to prevent alcohol addicts from relapsing or to prevent recidivism of juvenile offenders.

2.5. Research question and outline

The previous discussion suggests a transformation of the tasks undertaken by the state and of the specific activities it develops to perform these tasks – as a conse-

quence of the introduction of the preventive gaze in the sphere of politics and policymaking. What was previously defined as a fact of life or a tragic incident has now been transformed into an avoidable phenomenon. Interventions are developed to come to grips with the identified risks underlying these undesirable phenomena. Prevention may, historically speaking, not be a new phenomenon, but its increasing influence on the state is presumed to be of a recent date and its consequences for our contemporary political reality have yet to be studied.

Existing conceptions of the state fall short in describing the nature of interventions 'produced' by the preventive gaze. For instance, instead of the a posteriori administration of justice, prevention implies taking measures before crimes are committed. And instead of compensation for fate in the form of social security (a posteriori) or the creation of a level playing field (a priori), prevention in the realm of care and health implies taking measures before fate strikes or taking measures designed to eliminate the causes of unequal opportunities. In short, the preventive gaze has the potential to fundamentally transform both the repressive and caring sphere of the contemporary Western European state. The central question to be examined in the following research is: *How can the impact of the increasing dominance of the preventive gaze on the contemporary Western European state be understood?*

This study intends to be theory generating and has three main objectives. First and foremost, it aims to describe and reconstruct the way the preventive gaze has transformed the image and appearance of the state. Second, it aims to discuss this transformation in its spatial and historical context, more specifically late-modern Western European societies. And third, this study aims to discuss the broader implications of the rise of prevention for the relation between state and society.²⁰

Before rounding off this chapter, some remarks should be made regarding what a transformation of the state actually implies. According to political scientist and historian Samuel Finer, the nature and level of penetration of a state into society is constituted by two elements: the *range* of tasks and activities, and the *depth* of these tasks and activities (Finer, 1997:63). Taking this framework as a basis for the following analysis, two tentative or 'sensitising' (Blumer, 1954) presumptions on the transformation of our understanding of the contemporary Western Euro-

²⁰ It should be made clear from the outset that this study does not aim to pass judgement on the accuracy of the definition of societal problems within the analysed political or policy context. The definitions and perceptions of social reality used by politicians, policymakers and street-level bureaucrats are the starting point of analysis. Moreover, this research does not intend to evaluate the effectiveness of preventive strategies in policymaking.

pean state are formulated. These sensitising ideas aim to give guidance in the analysis of the empirical data.

The first sensitising presumption is that the preventive gaze leads to an *expansion of state activities*. Prevention implies a responsibility for a specific type of action, which expands state activities both in quantitative terms and in terms of a new type of activity. Based on the previous discussion, the state's responsibilities are presumed to expand beyond the existing frameworks of the constitutional and the welfare state. Neither the punishment of undesirable behaviour nor compensation for fate are abandoned, but are now complemented by efforts to prevent undesirable behaviour in the first place.

The second sensitising presumption is that the preventive gaze leads to *risk-oriented interventions in policymaking*. The prevention ambition not only moves the state beyond the existing schemes of the constitutional and the welfare state, but also transforms the nature of its interventions. Whereas the administration of justice is a response to a criminal act and health care to a diagnosis of illness, prevention is based on the identification of determinants of a not (yet) existing reality. The intervention targets of prevention are risks. A preventive intervention repertoire will therefore include measures and activities on the basis of 'possibility' instead of 'fact'.

The aforementioned research question is discussed in the following five chapters. In *chapter two*, a theoretical framework is developed to understand the contemporary range and patterns of state interventions in society, as well as mechanisms and triggers for their historical development. The research design and selection of empirical data is discussed in *chapter three*. The empirical findings themselves are presented in two cases studies in *chapters four and five*. Finally, a summary of the findings, an analysis of the spatial and historical context in which the preventive gaze was able to emerge and continues to exist, and a discussion of its implications for the relation between state and society are presented in *chapter six*.

2. THE SPHERES OF STATE INTERVENTION

"Historians of ideas usually attribute the dream of a perfect society to the philosophers and jurists of the eighteenth century; but there was also a military dream of society; its fundamental reference was not to the state of nature, but to the meticulously subordinated cogs of a machine, not to the primal social contract, but to permanent coercions, not to fundamental rights, but to indefinitely progressive forms of training, not to general will, but to automatic docility."

(Michel Foucault, *Discipline and Punish*, 1979)

1. Introduction

In the introductory chapter, we discussed the transformative power of the preventive gaze. What does the increased influence of the prevention perspective do with our understanding of the state? Does the concept of the constitutional state still suffice to describe practices of crime prevention, such as the treatment of habitual offenders or the approach applied in respect of non-delinquent problem adolescents? And does the concept of the welfare state still suffice to describe the way the state deals with issues of health and disease, i.e., not by means of health care but by promoting a healthy lifestyle? And if these concepts no longer suffice, how does a state in which prevention takes centre stage look? How does such a state relate to the existing constitutional and welfare state? And what does the emergence of such a state imply for the relation between state and society?

A study into the social significance of the state "[...] hat die Aufgabe, die eigenartige Wirklichkeit des uns umgebenden staatlichen Lebens zu erforschen. Sie will den Staat begreifen in seiner gegenwärtigen Struktur und Funktion, sein geschichtliches So-Gewordensein und seine Entwicklungstendenzen" (Heller, 1983:12). In order to fulfil this task, a theoretical understanding of the state, of state interventions and of state development is discussed in the following.

First, the theoretical foundations of the idea of the state are described, building on authors such as Machiavelli, Bodin, Hobbes, Weber, Jellinek and Schmitt. In the context of this study, the state is understood to constitute the idea, which conceptually ties together the various institutions, organisations and persons, which make up the sovereign rule over a certain territory and its population. However,

the social significance of the state lies less in the idea of the state and more in the way sovereign rule is exerted. This is a matter of government, or the “general management of society” (Foucault, 2007:105), which, in the following, is conceptualised in two ideal-typical ‘spheres of state intervention’. A paternalistic sphere serves to outline state activities in terms of order and punishment. In a maternalistic sphere, state activities are outlined in terms of care and emancipation.

Second, the nuclear definition of the state as holder of sovereignty and the ideal typical forms in which state power is exerted are placed in the context of late-modern Western European society. The actual forms of government can conceptually be understood in terms of the aforementioned paternalistic and maternalistic spheres of state intervention, but are at the same time – by necessity – contingent deviations from the ideal types. It is proposed that two concepts dominate our understanding of the contemporary Western European state. First, the image of the ‘paternalistic’ constitutional state, which not only binds sovereign rule to the rule of law, but also legitimises the exertion of state power for the purposes of law enforcement and administration of justice. And second, the image of the ‘maternalistic’ welfare state, which refers to the state’s role in compensating for fate by introducing equal opportunities for education and social insurance schemes to protect against unemployment, illness and disability. These two images provide the spatial and temporal context in which the preventive gaze is presumed to have emerged, and therefore provide the starting point for the empirical study.

And third, an understanding of the historical context in which the preventive gaze emerged and which the preventive gaze is presumed to transform should also include an effort “[...] to trace the forces that gave birth to our present-day practices and to identify the historical and social conditions upon which they still depend” (Garland, 2006:2). The objective is to provide an understanding of the dynamic context in which the increasing dominance of the preventive gaze and its impact on the state is explicable and understandable. To this end, mechanisms and triggers of state development are discussed. Mechanisms of state development conceptualise how state development takes place: the preventive gaze is presumed to actuate both the internal characteristics of the state and the societal pressures for state development (cf. Pierson, 2004). Triggers of state development aim to provide insight into the social conditions under which a specific state development takes place, which can be either part of a contingent ‘belief system’ (such as specific ways of dealing with future and fate) or part of a contingent ‘social system’ (such as the way individualisation and division of labour structure modern societies).

2. The idea of the state

2.1. The sovereign state

There are numerous ways to understand what is meant by the 'state'. For instance, the term 'state' can be applied to the entire order of a society and its governing organisations. In this conceptualisation, a state constitutes and is simultaneously constituted by three elements: 1) a physical territory ('Staatsgebiet'), 2) the community of people living there ('Staatsvolk') and 3) the institutions ruling this territory and its population ('Staatsgewalt') (Jellinek, 1976:394-434). These elements can also be recognised in Weber's definition of the state as "[...] diejenige menschliche Gemeinschaft, welche innerhalb eines bestimmten Gebietes [...] das *Monopol legitimer physischer Gewaltsamkeit* für sich (mit Erfolg) beansprucht" (Weber, 1994:36).

Yet a more deliberate distinction between state and society can also be made, in the sense that rule is conceptually separated from those who are subjected to rule. A state is understood to constitute the various institutions, organisations and persons, which collectively make up the rule over a certain territory and its population. In this conceptualisation, which is also followed in this study, society is subjected to the state rather than a part of the state. The understanding of the state as a specific type of rule by has its origins in the works of Machiavelli (1513), Hobbes (1651) and Bodin (1576).

The first modern author to explicitly use the notion of 'the state' was Florentine diplomat Nicollò Machiavelli (1469-1527) in his *Il Principe* (1513). In doing so, he reversed the medieval conceptual order between secular and ecclesiastical authority. Central to Medieval Western European conceptualisations of rule and authority was the idea of the spiritual authority of Christianity. For instance, St. Augustine (354-430) argued in *De Civitate Dei* (420) that there could be no higher authority than God and that, consequently, earthly life and rule should be concerned with the proper preparation for the afterlife. And even though late-Medieval authors such as St. Thomas Aquinas (c. 1225-1274) in *Summa Theologiae* (1274) and Marsilius of Padua (c. 1275- c. 1342) in *Defensor Pacis* (1324) stressed the importance of secular rule to provide order and stability, their thinking did not include a systematic conceptualisation of the state.

Machiavelli's intellectual innovation – to make the 'state' a core theoretical notion – was also an expression of the specific historical transformation secular rule had undergone towards the end of the Middle Ages. The types of rule which had characterised Western Europe for centuries in no way resembled the contemporary state, but could best be understood as "[...] a patchwork of small secular and ecclesiastical dominions, held together by kings and other rulers as

best they could through personal bonds between individual men or between families, which we have given the name of feudalism” (Van der Pot c.s., 2001:5; my translation, RP). The relation between ruler and his vassals was of a personal and almost contractual nature (Poggi, 1978).

However, the need for a different type of rule grew as commercial activity gradually increased, cities emerged and universities were founded during the 12th and 13th century. Faced with these developing powers and aware of their own powerful position, medieval rulers – of which the German emperor was a prominent example – challenged the position of ecclesiastical rule during the Investiture Controversy of 1075-1122. During the late Middle Ages, rulers became more occupied with ‘earthly concerns’ (such as maintaining power over a certain territory, and keeping order within this territory). Also, societal groups became more organised and tried to serve their own ‘earthly’ interests, such as public order and hygiene (Poggi, 1978).

It was, unsurprisingly, against the background of the geographically homogenous and wealthy trading city of Florence, that Machiavelli in his *Il Principe* realised the conceptual transformation in the subordinate nature of secular rule to ecclesiastical rule. Whereas St. Augustine and St. Thomas Aquinas were concerned with the “religiös-theologische Begründung des Staates” (Jellinek, 1976:186), Machiavelli saw rule as the pragmatic answer to an ever-present ‘latent anarchy’ in society (Van der Pot c.s., 2001:12). Instead of rule as a result of ‘divine intention’, rule as a result of the acquisition of secular *power* arose. A ruler’s highest goal became the acquisition and preservation of power. For Machiavelli, rule was not justified by a higher moral or divine principle, but found its justification in a claim to power: “Politik ist für Machiavelli autonom, sie lebe nach eigenen Gesetzen, unabhängig auch von religiösen und moralischen Überzeugungen und Geboten” (Barion, 1986:71). He emphasised the “Eigengesetzlichkeit der Politik” (Berber, 1978:198).

Complementary to Machiavelli’s understanding of rule is Thomas Hobbes’s (1588-1679) justification of supreme authority from a societal perspective. Whereas Machiavelli viewed the state as the result of the acquisition of power by means of politics, Hobbes saw state power as a necessary means to overcome ‘a war of all against all’. And whereas Machiavelli broke with the medieval notion of rule, Hobbes broke with the medieval notion of man.

Hobbes wrote his *Leviathan* (1651) during the English civil war, which was one of the many religious and civil wars which plagued Western Europe during the 16th and 17th century. A crucial element in these wars was the Protestant

Reformation,²¹ which challenged the spiritual authority of the Pope. Even though the Concordat of Worms (1122) had formally settled the aforementioned Investiture Controversy, the separation between secular and ecclesiastical (papal) rule was far from complete: kings could invest bishops with secular power, but it was a prerogative of the Pope to invest bishops with spiritual authority. As a result, political and religious institutions remained intertwined. They were only definitively separated with the Peace of Westphalia in 1648 and the British Glorious Revolution of 1688 (Van der Pot c.s., 2001:13). From then on, the bond between ruler and population was established under the principle 'cuius regio, eius religio'.²²

Confronted with civil war, Hobbes wrote about the condition of mankind and what this would be without the existence of a state. In this 'state of nature' he sees "[...] a generall inclination of all mankind, a perpetuall and restlesse desire of Power after power, that ceaseth onely in Death" (Hobbes, 1985:161). Without some kind of supreme authority he saw the life of man as a permanent struggle for self-preservation against other men. In this 'war of all against all' ('bellum omnium contra omnes'), the life of man is 'solitary, poor, nasty, brutish and short' and every man is every other man's potential enemy ('homo homini lupus est').

The only way, according to Hobbes, for man to escape this state of nature was to enter into a collective 'covenant' to erect a sovereign power – which he named 'Leviathan'. People hand over their right of self-defence to this Leviathan and in return are guaranteed protection by the newly erected sovereign power – on the condition that all people associate themselves with this 'covenant' and the Leviathan is given enough power to maintain his sovereign position. For Hobbes, the choice is easy: to live in fear and anarchy, or to live without freedom under a sovereign ruler (Berber, 1978:211).²³

²¹ The Reformation itself was not only the expression of religious principles, but also of a long-standing Western European tradition in the organisation of rule. There is a tradition in Germanic countries, dating back to the period of tribal communities, of societies being governed from the bottom-up as opposed to the Roman tradition of strong centralised rule. In the Germanic tradition, power flows upwards instead of downwards (Ullman, 1965).

In the words of Hall: "The Germanic peoples were essentially 'clan' societies [...]. They were governed more loosely than Greece or Rome, through aristocratic-based councils with, below them, powerful assemblies of free warriors and, attached to them, retinues of soldiers in bands, often with their own 'chiefs' [...]. In contrast with the formality of Roman law, Germanic law was said to belong to 'the people' [...]" (Hall, in McLennan c.s., 1984:4). The Calvinist political philosopher Johannes Althusius (1563-1638) expressed this tradition in his *Politica methodice digesta* (1603) when he stated that supreme authority rests in the hands of the people and that, therefore, a people had a right of resistance against unjust rulers (Witteveen, 1996:126).

²² Which not necessarily implied religious tolerance for the population as well.

²³ The only exception to absolute compliance with the sovereign is, according to Hobbes, found in the very notion that necessitated the establishment of sovereign power: self-preservation. If a

Hobbes's justification for the state lies in an explicitly pessimistic image of mankind and the presumption of every man's interest in self-preservation and safety. The logical answer to this conflict between man's nature and man's interests is the establishment of a sovereign power, which accepts no higher authority. Whereas Machiavelli's thinking focused mainly on the autonomous political strife for power, Hobbes developed a theory that bound together the interests of ruler and population.

Machiavelli and Hobbes both emphasise absolute authority as the defining characteristic of a state. A state is only a state if there is no higher authority within the same geographical territory. For Machiavelli, the state is the logical product of a ruler's quest for power. For Hobbes, the state is the logical product of a population's quest for order and security. The dawn of the modern state lies in the recognition of the autonomy of rule over a certain territory and population.

In the place of a Medieval claim to divine intention came a modern claim to '*sovereignty*': "Erst da, wo [die] intensive Religiosität [des Mittelalters] erschlaffte oder verschwand, konnte das Bild des absoluten Herrschers auftauchen, der seine Souveränität aus *eigenem* Recht besaß" (Berber, 1978:196). The sovereignty of the state rests on its successful claim to absolute power, not on any ethical or religious principle. In Weber's words: "Man kann [...] den 'politischen' Charakter eines Verbandes *nur* durch das – unter Umständen zum Selbstzweck gesteigerte – *Mittel* definieren, welches nicht ihm allein eigen, aber allerdings spezifisch und für sein Wesen *unentbehrlich* ist: die Gewaltsamkeit" (Weber, 2006:64). The existence of a state cannot be reduced to teleological arguments or justifications: its defining characteristic is not a specific function, but its successful claim to sovereign power.²⁴

In his *Six Livres de la République* (1576), Jean Bodin (1530-1596) systematically developed the notion of an inalienable, absolute, timeless and indivisible power of the state: the sovereign state permits no higher authority and no other

state fails to provide security or even threatens security, citizens are allowed to resist (Gribnau, 2009:45).

²⁴ Elsewhere, Weber states the following with regard to presumed 'existential' functions of the state: "Das, was wir heute als Grundfunktionen des Staates ansehen: die Setzung des Rechts (Legislative), den Schutz der persönlichen Sicherheit und öffentlichen Ordnung (Polizei), den Schutz der erworbenen Rechte (Justiz), die Pflege der hygienischen, pädagogischen, sozialpolitischen und anderen Kulturinteressen (die verschiedenen Zweige der Verwaltung), endlich und namentlich auch der organisierte gewaltsame Schutz nach außen (Militärverwaltung), ist in der Frühzeit entweder gar nicht oder nicht in der Form rationaler Ordnungen, sondern nur als amorphe Gelegenheitsgemeinschaft vorhanden, oder unter ganz verschiedene Gemeinschaften: Hausgemeinschaft, Sippe, Nachbarschaftsverband, Marktgemeinschaft, und daneben freie Zweckvereine verteilt" (Weber, 1972:516).

authority within its territory (Van der Pot c.s., 2001:14). In the words of Carl Schmitt: a sovereign state has the ability to decide about 'the state of emergency' (and consequently about 'the state of normality') in a specific territory. If a state loses its decisional power to defend the drawn distinctions against external and internal threats, it loses its sovereignty (Schmitt, 1934).

Sovereignty is a mechanism of inclusion and exclusion. A sovereign state guards the boundaries of its geographical rule and decides upon the recognition of its subjects – whether or not in the formalised membership status of 'citizenship'. The authority of the state over its territory and population is, in principle, absolute. The state is the ultimate arbiter in societal conflicts. Otherwise, citizens of the state would be free to choose with which rules of the state they wish to comply. The essence of a state is that it does not allow citizens this choice.²⁵

2.2. State and government

The state cannot be equated with politics. Whereas the state refers to the various institutions, organisations and persons that collectively make up the rule over a certain territory and its population, politics is the medium through which the control over state power can be acquired and exerted. Politics decides what is and what is not a political issue, and consequently, what is and what is not subject to state interventions:²⁶ "[...] politics sets the boundaries between itself and [...] other activities" (Pizzorno, in Maier, 1994:28). For this reason, Steinberger (2009:13) makes a distinction between the government of the state (e.g. policy, institutions, politics) and the idea of the state, which consists of a 'structure of judgements' about what the state is.

The state as an *idea* fulfils an ontological function: "it is the entity that is presupposed for the purpose of gaining access to modern political reality" (Loughlin, 2009:6; cf. Pierson, 2004). The state cannot be physically touched or seen, it cannot be reduced to a single living person, organisation or institution, or to mere 'politics', 'government', 'bureaucracy' or 'policy'. However, the idea of the state is

²⁵ In reality, a state does not constantly apply physical power, but it should have the ability to do so if necessary. Crucial for sovereign power is its control over the means of physical power (Poggi, 1990:4-5). Also, a state does not necessarily have to control every aspect of social life. However, practical limitations or institutional safeguards such as freedom rights aside, a state can in principle autonomously decide upon the range and depth of its control over the lives of its subjects.

²⁶ Politics also decides on the boundaries of others spheres of life – most importantly the public and private sphere (e.g. Arendt, 1958). These boundaries are not 'naturally given', but are a matter of politics. Following Van Gunsteren (1998), the political sphere is the space of social life where decisions are made concerning the organisation of society, backed and implemented by the authority of the state apparatus. The public sphere is the space where people freely interact with each other (cf. Habermas, 1962). And the personal (or private) sphere is the space where people live free from interference by others and by the state.

necessary to understand the way sovereign power is organised and exerted. Just as institutions such as the 'church' or the 'university' cannot be reduced to the people working there or to the buildings they occupy (cf. Douglas, 1986), an encompassing notion of the state is required to bind together the various organisations, institutions and persons through which sovereign power is exerted.

This study aims to analyse transformations in the *characteristics of contemporary sovereign rule*. Therefore, the actual *government* of a population forms the core research object. Government comes in many forms and strategies, but always has, according to Foucault, the objective to "structure the possible field of action of others" (Foucault, cited by Hunt, 2009:4). 'Governing' and 'government' have their etymological antecedents in the notion of 'managing a household', or the way a traditional pater familias cares for his family and at the same time has authority over his family members.

Given these etymological origins, Foucault stresses the similarities between the government of children, of souls, of communities, of families, and of populations (Hunt, 2009:4). However, it was only from the 18th century onward that the notion of 'government' became conceptually connected to the activities of the state (Burchell c.s., 1991:92). Up to that point, many Western European states were occupied with establishing and defending their sovereignty against external threats. Only when the external threats were reduced could the attention of the rulers shift to society as a locus of relevant problems and as a crucial object of interventions.

According to Finer (1997:63), an analysis of government should include both the range and the depth of state interventions. In the following, these are discussed in relation to each other in the notion '*sphere of state intervention*'.²⁷ A

²⁷ The term 'sphere' is derived from the works of Michael Walzer (1983) and Peter Sloterdijk (2007). To start with the latter, in his Spheres-trilogy (1998; 1999; 2004) Sloterdijk asks himself '*where is man?*' instead of the more common philosophical question '*what is man?*'. Following Heidegger, he investigates the way people deal with their 'being', their 'Dasein', or their being thrown into an already existing world filled with objects, cultures, institutions and fellow men. According to Sloterdijk, people constantly 'build' different spheres or 'spaces of coexistence' around themselves, within which they relate, interact and live together with others in a shared time and place. A sphere is essentially an idea, a virtual construction meant to enclose certain ways of living together and exclude certain others – for instance, the sphere of a marriage, of a family, of the workplace, of (global) society, of politics, and so on. People live within various spheres, some of them overlapping, some of them conflicting with each other, but each of them with their own characteristics, identity, shared values and dynamics.

A notion of multiplicity of spheres, within which people live together, is also central to Michael Walzer's *Spheres of Justice* (1983). In his quest for the way the values of equality and pluralism constitute justice, he acknowledges that there is no one single answer to this question. Instead, these values need their specific interpretation and application in every sphere of

'sphere' refers to the unity between a state's *definition power* – or the determination of the appropriate range of governmental activities – and a state's *intervention power* – or the determination of the appropriate nature and depth of governmental activities. For instance, if a state defines certain behaviour being as illegal, the logical intervention following a legal infringement is prosecution and punishment. And if a state defines poverty and illness as public concerns, the logical intervention is the creation of social security and health care services.

A sphere is constituted by a cohesive whole of problem definitions from which certain state tasks follow, an organisational or institutional design to fulfil these tasks, and actual activities or interventions directed at the realisation of these tasks. A state is presumed not to act 'at random', but according to more or less explicit political considerations relating to the appropriate tasks a state should perform. The notion of a 'sphere' aims to capture the relation between these considerations and the actions undertaken by a state.

2.3. A sphere as the unity between definition power and intervention power

When studying state development, it is not enough to focus on a change in a state's intervention power alone, as this will fail to reveal the normative element of government. The range and depth of state interventions is always infused by specific normative judgements on the responsibility of the state and the problematic nature of certain societal phenomena. The act of governing implies a desire for "[...] a change in reality, to make it better or less bad or to keep reality the way it is: good enough. Hence, government and policymaking imply *moral action*" (Terpstra, 1997:12; my translation, RP). However, this moral action is preceded by the moral assertion of a particular situation: "To define an issue is to make an assertion about what is at stake and who is affected, and therefore, to define interests and the constitution of alliances. There is no such thing as an apolitical problem definition" (Stone, 2002:231).

State interventions follow more or less 'naturally' from a specific perception or problem definition (e.g. Van Eeten 1999:6). For instance, perceiving social reality from the perspective of 'positive freedom', will lead to other measures being taken than perceiving this from the perspective of 'negative freedom' (cf. Berlin, 2007). The frame of reference determines to a large degree the eventual interventions and activities, since it serves as a "perspective from which an amorphous, ill-defined, problematic situation can be made sense of and acted upon" (Fischer & Forester, 1993:11). The description of a situation already favours a

social life. The ways we relate to each other in spheres of education, of security and welfare, and of political power vary and result in differing organisations and dynamics.

specific solution. As such, political and policy arguments tend to produce their own 'regime of truth' (Garland, 1993:4).²⁸

At the same time, the normative political and policy arguments, which make up a state's definition power, also cannot fully capture the way a state exerts its sovereign power. Throughout his work, Foucault stressed the importance of studying the actual exertion of power instead of the formal and juridical characteristics of the state. For him, the true impact of the state should be analysed on the level of concrete power relations, such as the treatment of the mentally ill and of delinquents by decentralised state apparatuses (Foucault, 1963; 1975): "One should study power where it is exercised over individuals rather than legitimated at the centre; explore the actual practices of subjugation rather than the intentions that guide attempts at domination; and recognize that power circulates through networks rather than being applied at particular points" (Jessop, 2007:36).

A state's ambition to influence a population's field of action necessitates the development of an intervention repertoire. Commonly, a distinction is made between judicial instruments such as regulation and issuing licenses, financial instruments such as taxation and awarding grants, and communicative instruments such as information and propaganda (e.g. Van den Heuvel, 2005; cf. Fenger & Klok, in Hoogerwerf & Herweijer, 2003) – a typology which can at least be complemented by the instruments of direct physical force by state officials, such as the police, prison administration, army and tax inspectors.

²⁸ Policy arguments tend to be hermetical arguments. That is, they produce a tight means-end relation between problem, desired situation and solutions (cf. Van der Graaf & Hoppe, 2007:56). Policy arguments make sense of social reality and reduce the complexity of social reality through narrative constructs. According to 't Hart, interpretations of reality by governments always have the latent risk of becoming 'totalitarian claims' ('t Hart, in Tjeenk Willink c.s., 1994:62) or "a certain shared frame of reference, a shared code of interpretation, [which] becomes taken for granted, resulting in a loss of awareness of its interpretative character and resulting in a situation in which an interpretation of reality is confused with reality itself" ('t Hart, 1995:21-22, my translation, RP).

And according to Terpstra, governmental policy arguments and proposals have the following three characteristics, which serve as a rhetorical justification for the exertion of state power:

- 1) The construction of a separation between government and the object of intervention, in order to place government and society oppositely of each other, thereby usually excluding government as a possible part of the definition of the problem (1997:175).
- 2) The presentation of policy proposals as objective monologues, leaving no room for counterarguments or differing problem definitions (1997:177).
- 3) The presumption that the proposed solution is in accordance with the defined problem, thereby metaphorically representing the object of interventions as a controllable machine (1997:178).

In other words, for an analysis of state development both the factual exertion of power and the (implicit) normative choices and justifications that spark this exertion of power are relevant. The latter aspect can be understood as a state's *definition power*, or the capability of a sovereign state to determine the range of its own role and responsibility and the range of politically relevant societal phenomena. And the former aspect can be understood as a state's *intervention power*, or the capability of a sovereign state to determine the nature of state interventions and the depth of the exertion of state power into society.²⁹

Given the basic principle that the normative choices underlying state activities and the nature of the actual exertion of state power through various instruments, techniques and strategies are inseparable, the following discussion on the spheres of state interventions proposes to examine these two aspects together. The concept of 'sphere of state intervention' presupposes coherence between a state's definition power and intervention power. A sphere describes the logical relation between a state's self-definition and political problem definitions on the one hand, and the interventions and intervention apparatus, which follow from these on the other hand.³⁰ What conceptually holds a sphere together is a basic – but not necessarily explicit – understanding of a state's interests, functions, responsibilities, rationale and *modus vivendi*.

Before discussing the spheres of state intervention in more detail, it should be stressed that these spheres of state intervention have been formulated as Weberian '*ideal types*' (Weber, 1922). Ideal types are deliberate abstractions from social reality. They are concepts, which do not exist as such in social reality – they cannot be directly observed or touched – but exist only in theory. However, in their

²⁹ The distinction between definition power and intervention power is related to the analysis of 'policy theories' or 'cognitive maps', 'theories of action' and 'policy maps' (e.g. Hoogerwerf, 1984): the whole of presumptions underlying policy proposals. Hoogerwerf discerns three possible types of presumptions or judgements underlying public policy: 1) reality judgements on how a problem can be defined, 2) judgements on the values at stake and 3) instrumental judgements on the effective approach of a problematic social reality (Hoogerwerf, 1984:497). Van Heffen (in Hoogerwerf & Herweijer, 2003:226-228; cf. Hoogerwerf, 1989) proposes a two-fold distinction between 1) normative presumptions (concerning the problem definition, the determination of policy objectives, and the acceptability and effects of policy objectives) and 2) empirical presumptions (concerning the causal relationship between causes and effects, and the functional relationship between objectives and measures to be taken).

³⁰ However, it should be stressed that definition power and intervention power do not coincide with, respectively, policy formulation and policy implementation. Intervention power is both a matter of formulation and implementation, since it concerns decisions with regard to the organisation of interventions and the choice for specific policy instruments, as well as the actual interventions taken.

theoretical existence, they allow us to understand patterns of actual, historical and contingent social phenomena and human behaviour.

An ideal type is an unambiguous means of expression. The fact that social reality does not (and cannot) completely coincide and correspond with an ideal type does not necessarily influence the validity of the ideal type. Instead, the validity of an ideal type should be ascertained through the adequacy of the analytical construct for understanding social reality. For instance, Weber's own notion of the 'bureaucracy' is a useful analytical construct, not because it accurately describes the empirical forms of bureaucracy, but instead because the ideal type allows us to identify and understand dominant elements in the organisation and everyday practices of state administration.

An ideal type does not pass judgement on the empirically 'normal' or most common type of a specific social phenomenon, nor does it correspond with an ethically preferable version of a specific phenomenon. An ideal type is not 'a normative ideal', but a conceptually 'pure' model of reality, with all ambiguity and historical contingencies stripped away for analytical purposes. In Weber's own words: "Er ist nicht eine *Darstellung* des Wirklichen, aber er will der Darstellung eindeutliche Ausdrucksmittel verleihen" (Weber, 1988:190).

In the following, two spheres of state intervention are distinguished. Both spheres revolve around parental metaphors. The first is the 'paternalistic'³¹ sphere', which revolves around the problem of order and engages in retribution; the second, the 'maternalistic sphere', which revolves around the problem of undesirable situations beyond the control of individual citizens and the activities of care and emancipation.

2.4. *The family as a model of the government-society relation*

2.4.1. Family metaphors and the state

Metaphors of the family, motherhood, fatherhood and brotherhood are numerous in the understanding of social institutions such as church and state. A prime example which leaps to mind is the veneration of the Virgin Mary in Catholic faith. She serves as a nurturing mother figure, as a human example of purity and piety, and as an accessible figure to whom we can address our prayers. Marian devotions serve as intercessions to God through the mediation of Mary. Mary stands for love, motherhood, closeness, warmth and understanding.

Another example is the 'fraternité' or 'brotherhood', which serves as an image of societies and nations. It was of course one of the central concepts during

³¹ The specific use of the term 'paternalistic' in this study should not be confused with the more common understanding of the term as any type of meddlesome state intervention.

the French Revolution, and expresses the idea of men living as brothers together in society, as if in a family. Furthermore, the country in which people live is commonly referred to as a 'fatherland' ('vaderland' or 'Vaterland'). And the governing state can be perceived as inextricably intertwined with the fatherland and its inhabitants and is subsequently described as 'Vater Staat', the father of the people, which gives the state an aura of fatherly care for its people (Popitz, 1992:137).

Historical founders of a state are commonly referred to in fatherly metaphors: 'father of the nation', 'pater patriae', 'Vater des Vaterlands', 'vader des vaderlands' or – in the case of a several founders – 'founding fathers'. Figures ranging from Romulus, William the Silent, Julius Nyerere, George Washington and Josef Stalin were granted this honorary title – a title which expresses their historical and symbolical role in uniting a people under one rule, with a shared identity and shared historical frame of reference (cf. Lakoff, 2002:153). Family metaphors express the idea of a 'natural and biological' inseparability of people, territory and state, as well as a certain division of tasks between the parenting state and the population in need of protection (cf. Lakoff, 2002:154). The image of a state or a ruler as a 'father' has its origins in a line of political thought in which sovereign rule is traced back to the biblical Adam as the primeval patriarch whom God has given authority (Pessers, 2003:2-3).³²

And finally, the origins of the word 'economy' lie in the Greek words 'oikonomos', meaning 'the rules of the household', and 'oikonomia', meaning 'government of the household'. Only from the 18th century onward, was the meaning of the word gradually broadened from the level of the family to the level of the population as a whole. However, this has not changed the basic principles behind the notion of household management, which is still "[...] concerned with answering the question of how to introduce [...] the correct manner of managing individuals, goods and wealth within the family (which a good father is expected to do in relation to his wife, children and servants) and of making the family fortunes prosper – how to introduce this meticulous attention of the father towards his family into the management of the state" (Foucault, cited in Burchell c.s., 1991:92). To govern means to manage a social unit as if it were a family – be it a household or an entire society: "the proper way of managing individuals, goods, and wealth, like the management of a family by a father who knows how to direct his wife, his children, and his servants, who knows how to make the family's fortune prosper, and how to arrange suitable alliances for it" (Foucault, 2007:94-95).

³² This image of the state can be found in Robert Filmer's *Patriarcha* (1680), which served as a target for John Locke's criticism in his *Two Treatises of Government* (1689).

The parental metaphors underlying the paternalistic and maternalistic spheres of state intervention do not claim to provide a faithful description of male and female character traits, and certainly do not aim to affirm certain stereotypes (e.g. Nelson, 2009). Instead, they have the purpose of drawing an analogy between the state-society relation and the archetypal relations within a nuclear family. A metaphor does not aim to make empirical judgements, but serves as a figure of speech to expose or emphasise certain traits or qualities of a less tangible empirical phenomenon. Metaphors serve as a means to conceptualise and understand a domain of experience with the language and concepts of another domain (Lakoff, 2002:9). The validity of metaphors is determined by the extent to which they can explain variations in a specific domain of everyday life.

The choice for a certain metaphor is not a neutral decision, but also implies the choice for a specific worldview or outlook. This worldview shapes the way we think about certain phenomena and act upon them (Lakoff & Johnson, 1980). By describing the relation between government and society in parental metaphors, government is viewed as a father or mother for its society, which has the role of the child.

In the following, two arguments for choosing the family as a model of the relation between state and society are discussed. First, a parental metaphor captures the ambiguous nature of the relation between government and society as being simultaneously hierarchical and responsive. And second, the father/mother distinction is an appropriate means to expose the opposing moralities underlying the concepts of the constitutional and the welfare state.

2.4.2. Pastoral power

The modern state is understood to be a sovereign power and the ultimate arbiter of societal conflicts, while at the same time this power is justified by the claim that it serves the interests of society. The sovereign state is the expression of an autonomous quest for power as well as an entity whose existence is justified by abolishing the Hobbesian state of nature. Foucault tried to capture this ambiguity in the concept of '*pastoral power*' – a concept developed in Christian thought to describe the position of the pastor as a shepherd for his flock: "[...] pastoral power is [...] entirely defined by its beneficence; its only *raison d'être* is doing good, and in order to do good. In fact the essential objective of pastoral power is the salvation [...] of the flock" (Foucault, 2007:126). This form of power brings to mind parenting activities: "Pastoral power is a power of care. It looks after the flock, it looks after the individuals of the flock, it sees to it that the sheep do not suffer, it goes in search of those who have strayed off course, and it treats those that are injured" (Foucault, 2007:127).

This type of power does imply, however, 'pure obedience' from the sheep (Foucault, 2007:174), which can take the form of enforcing compliance, but also of a typically modern form of extracting obedience by "[...] working upon the ways in which individuals regulate their own behaviour to ensure this is consonant with the interests of the state" (Pierson, 2004:75).³³ This is what Foucault calls the 'game of liberalism': a style of thinking concerned with a restrained way of governing society through techniques of security (cf. Burchell c.s., 1991:15). Liberalism or economic liberalism does not mean the absence of government in major areas of social life (such as the market), but simply a different technique of government, which is specifically concerned with the production of wealth and with 'the economy' as the object of interventions and regulations (Burchell c.s., 1991:92). Liberal government is, from this perspective, a strategy aimed at "getting people to act" in specific, productive, ways (Burchell c.s., 1991:119), for instance by promoting education for high-quality work or by establishing general social insurances against the loss of income in the case of unemployment (e.g. Ewald, in Burchell c.s., 1991).

What Foucault exposes is that even underneath the relatively friendly and responsive image of a democratic welfare state there is still a sovereign power at play. No system of government is fully proof against the 'totalitarian temptation' (Revel, 1976) or against the use of state power for the private interests of the ruler and his class (Dewey, 1954:81). This temptation is latently present in every form of government – including liberal government. Consider, for instance, the welfare state practice of promoting higher education for every child (through financial incentives and equal opportunities). A common justification for this type of policy is that an individual's life chances improve if he or she is properly educated. However, the question remains as to what extent this form of improving life chances is self-imposed by citizens, or forms a necessary consequence of a capitalist economy, a governmental strategy to guide citizens to their 'true' goal of being a productive and, hopefully, well-paid element in the economy (cf. Van der Steen c.s., 2010), or a combination of both.

The hierarchical and responsive images of government are inherently intertwined. Foucault's notion of 'pastoral power' (2007) captures this ambiguity: the shepherd cares for his flock but demands obedience in return. This element of obedience is evident in state activities of punishment, but is also more covertly present in welfare state activities: the state's interests in social stability and prosperity are

³³ The notion of 'interests' arose in the 18th century, more specifically in the liberal philosophies of Hume and Smith (Burchell c.s., 1991:130-134). In fact, the notion of the 'invisible hand' is based on the idea that people act according to their private interests – that is, the interests of a specific type of man, the 'homo economicus'.

brought into line with a specific interpretation of individual interests and individual freedom in a capitalist system.

This ambiguous relation between state and society resembles the archetypal relation between a child and its parents:³⁴ the parental task is to protect, nurture and discipline a child for its own good. A child is dependent on its parents for protection, just as a population is dependent on the sovereign state for transcending the state of nature. A child requires parental nurturance for its development, just as a welfare state is responsive to societal interests for self-realisation. And a child needs to be taught discipline by its parents, just as a society requires the constitutional state as the ultimate arbiter of societal conflicts.

2.4.3. Paternal and maternal morality

A second argument for using a parental metaphor to describe the relation between government and society is that the father/mother distinction is an appropriate means to understand the different moralities underlying common activities of government. Again, it should be emphasised that this distinction does not aim to affirm certain stereotypes and does not claim to be a factual description of social reality (e.g. Nelson, 2009). Instead, the ideal-typical father/mother distinction has an analytical function: it is a means to stress certain elements and traits of other, less tangible phenomena.

The ideal-typical masculine and feminine moralities have been described numerous times in literature and science. A literary example can be found in Günter Grass's novel *Der Butt* (1977).³⁵ Here, the morality of man is described in the his-

³⁴ There are, of course, limits to every analogy. In the case of the comparison between the parent-child relation and the government-society relation, an important difference is that a child is raised to be an independent adult. By contrast, government has a permanent task: society cannot be raised to independence, but is inherently unable to survive without a sovereign authority. However, non-totalitarian governments have far less-reaching responsibilities towards their population than parents have towards their children: a constitutional state assumes its citizens to be individually responsible and legally accountable for their own acts, whereas children are perceived as legally incompetent.

³⁵ In *Der Butt* (1977), Günter Grass presents a phantasmagorical 4000-year history of the dialectics between man and woman from the Neolithicum to the present (that is, the 1970s) via the Iron Age, Christian Middle Ages, early urbanisation, reformation, the Enlightenment era, industrialisation and 20th century world wars. *Der Butt* is narrated as a fable. The major instigator of man's ambitions to overthrow maternal rule is an immortal talking fish (the flounder of the book's title), caught for the first time during the Neolithicum at the same place where millennia later the city of Danzig was founded on the shores of the Baltic Sea. In the course of centuries, man has, with the help of the flounder's advice, managed to wrestle himself free from the grasp of female domination.

According to the flounder, women have the biological capacity to create new life, whereas men have to resort to alternative ways of creation: "Denn weil die Männer nicht auf

torical quest for domination and progress, whether in warfare, arts, science, architecture or organisation. In masculine history, fire is a means to forge weaponry instead of a source of warmth and cooking, urban dwellings a means to break through life in confined family relations, and money and the rational organisation of labour means to increase trade and wealth. In contrast, feminine history revolves around the care for and nurturing of children and household. Whereas Grass's 'Männergeschichte' is a story of looking forward, of expanding horizons, his 'Frauengeschichte' is a story of unconditional care in the here and now. The male political outlook is driven by *power* and *authority*; the female political outlook is characterised by *care* and *reciprocity*.

A scientific discussion of paternalistic and maternalistic morality is presented by George Lakoff in *Moral Politics* (1996).³⁶ In his analysis of the American political discourse, he distinguishes between a 'strict father model' for conservative politics and a 'nurturant parent model' for liberal³⁷ politics. Accordingly, the conservative political worldview is infused by the value of *strictness*: "This model posits a traditional nuclear family, with the father having primary responsibility for supporting and protecting the family as well as the authority to set overall policy, to set strict rules for the behaviour of children, and to enforce the rules [...]. Self-discipline, self-reliance, and respect for legitimate authority are the crucial

natürliche Weise empfangen, austragen, gebären können [...], müssen sie geistreiche Faxen machen, müssen sie vereiste Nordwände erklettern und Schmallmauern durchbrechen, schichten sie Pyramiden, graben sie Panamakanäle, sperren sie Täler ab, experimentieren sie wie unter Zwang, bis alles synthetisch ist, müssen sie in Bildern, mit Wörtchen, aus Tönen immerfort die Frage nach dem Ich, dem Sein, nach dem Sinn, dem Warum, Wozu und Wohin stellen, müssen sie allemann in der Tretmühle namens Weltgeschichte rackern, damit sie ausgemachte Männersache, datierte Siege und Niederlagen, Kirchenspaltungen und polnische Teilungen, Protokolle und Denkmäler ausspuckt" (2007:503). In male art, the woman is usually portrayed in suffering as 'Heilige, Hure oder Hexe' (2007:278), or as a passive and non-creative ('nicht-schöpferische') inspiration or muse for male actions and accomplishments (2007:326).

³⁶ Lakoff uses differing conceptions of the ideal family to understand the contrasting political worldviews in the United States between Conservatives and Democrats/Liberals. Conservatives tend to use a vocabulary filled with references to character, virtue, self-reliance, individual responsibility, authority, and entrepreneurship (2002:30). They prefer nature over nurture (2002:32) and they perceive the world as a competitive place. The role of the 'strict father' towards his children is based on the presumed inability of the child to know what is in its best interest, on the capacity of the parent to know what is in the best interest of the child, and on social recognition of this parental responsibility (2002:76).

In the liberal vocabulary notions of social responsibility, human rights, care, health, security, and diversity are central (2002:30-31). Furthermore, liberals prefer nurture over nature (2002:32) and perceive the 'nurturant parent' as being responsible for protecting a child against dangers (2002:109). Empathy, fairness and interdependence are crucial virtues (2002:112). The legitimate authority of a 'nurturant parent' follows from the ability to nurture (2002:113).

³⁷ Not to be confused with a Lockean conceptualisation of liberalism.

things that children must learn" (2002:33). And: "The authority figure sets standards of behaviour and punishes those subject to authority if the standards are not met" (2002:78). In the 'strict father model' the most important role of government is to guarantee an acceptable level of *security* and to *punish crime*.

In contrast, the liberal/democratic worldview revolves around the value of *nurturance*: "Love, empathy, and nurturance are primary, and children become responsible, self-disciplined and self-reliant through being cared for, respected, and caring for others [...]. The principal goal of nurturance is for children to be fulfilled and happy in their lives [...]. What children need to learn most is empathy for others, the capacity for nurturance, and the maintenance of social ties [...]" (2002:33-34). And: "The obedience of children comes out of their love and respect for their parents, not out of fear of punishment" (2002:109). The 'nurturant parent model' stresses a government's responsibility to *meet basic needs of citizens*, such as food, shelter, education, health care and opportunities for self-development (2002:179).³⁸

Ideal-typical *paternalistic values* are authority, order, discipline, strictness, punishment, individual responsibility, stability, and formalistic and impersonal relations. The corresponding image of government is one in which government looks after the safety of its population, upholds order and punishes infringements of this order. Moreover, government applies strict rules and treats all its subjects equally and with procedural justice.

In contrast, ideal-typical *maternalistic values* are equality, self-development, empathy, interdependency, care, nurturance, social responsibility, fairness, and personal and reciprocal relations. The corresponding image of government is one which looks after the wellbeing and welfare of its population by providing services. Moreover, such a government is responsive to the demands for collective action by the population and strives after the proper self-development of each individual subject.

2.5. The paternalistic sphere of state intervention

The ideal-typical paternalistic sphere of state intervention is characterised by values of order and obedience. Order is something to be maintained, obedience is the desired attitude of the paternal subjects. Retribution follows any transgression of order. Retribution implies individual guilt and accountability. To be governed through the paternalistic sphere implies a constant appeal to obedience of

³⁸ In her discussion of maternal and paternal images of the state, Pessers makes a similar distinction to that of Lakoff. The image of the state as a father refers to values such as stability, durability, the common good and the long term design of society, whereas the image of the state as a mother refers to the immediate, physical and emotional satisfaction of needs (2003:5).

the individual subjects, which can be either 'voluntarily' displayed through self-discipline or enforced through activities of retribution.

Paternal retribution has the objective to "*discipline the free will*" (Boutellier & Lünne-man, in RMO, 2007:91; my translation, RP). Discipline is a technique to structure human behaviour by means of repression, control, training and surveillance: "Discipline is essentially centripetal. [...] [D]iscipline functions to the extent that it isolates a space, that it determines a segment. Discipline concentrates, focuses, and encloses. [...] Discipline allows nothing to escape" (Foucault, 2007:44-45).

Whereas the paternal vision of the individual emphasises individual responsibility, its vision of society is characterised by a belief in the incapability of a society to provide for its own security. The latent anarchy in society requires control and correction. Individuals and society in general depend on the state for protection against infractions of life and property. In short, the fundamental reason of being (or justification) of the paternalistic sphere of state intervention is the capacity to uphold a form of social order and the capacity to penalise offenders or menaces to this order.

The range of paternalistic interventions is determined by a specific definition of order on the one hand and the number and severity of infringements upon this order on the other hand. Consequently, the nature and depth of paternalistic activities is characterised by hierarchical and top-down interventions. Impersonal and general rules mark the boundaries of social order. For a credible execution of this task, a certain concentration of power is required.

In terms of historical manifestations, the paternalistic sphere of state interventions can typically be recognised in activities of law enforcement and the administration of justice. More broadly, these interventions are associated with the image of the constitutional state. Even though the constitutional state implies important limitations to the exertion of state power, it also provides the justification for a broad range of interventions to protect the social order, to punish criminals, to hierarchically regulate social behaviour through rules and laws, and to arbitrate in social conflicts. This image of the state as 'defensor pacis' (Marsilius of Padua, 1324) requires an apparatus of armed forces, a police force, a judiciary, a penal system, and a system of laws and regulations.

2.6. *The maternalistic sphere of state intervention*

The ideal-typical maternalistic sphere of state intervention is characterised by the values of emancipation and care. Emancipation creates opportunities for self-realisation; care follows when fate strikes. Subjects are assumed to require support for their personal development and for the compensation of financial or

physical harm. Whereas the paternalistic sphere of state intervention presupposes individual guilt and accountability, the maternalistic sphere assumes that certain phenomena are beyond the control of individual citizens and require a “*treatment of fate*” (Boutellier & Lünne-man, in RMO, 2007:101; my transl., RP).

Maternal compensation for fate walks a thin line between enabling self-development and providing security against external threats. ‘Security techniques’ (Foucault, 2004), typical for the liberal form of government in a capitalist society, have this double function of care and emancipation. They protect against illness and poverty, but also ‘promote’ and ‘canalise’ social behaviour to realise certain objectives such as the improvement of wealth, commercial activity, social security, education and health: “The apparatus of security [...] ‘lets things happen’. Not that everything is left alone, but *laissez-faire* is indispensable at a certain level” (Foucault, 2007:45).

Consistent with the maternal vision that the individual is vulnerable to external influences, the maternal vision of society is characterised by a belief in its incapability of dealing with fate. External factors are beyond the control of individuals and therefore require compensative activities on a collective level, such as protection against illness and poverty, the equal opportunity to pursue personal life plans, and spatial planning for the promotion of collective economical interests. In short, the fundamental reason of being (or justification) of the maternalistic sphere of state intervention is the capacity to provide compensation mechanisms for fate and the capacity to provide the opportunities for self-development.

The range of maternalistic interventions is determined by a specific definition of collective needs on the one hand and the identification of external threats endangering these needs on the other hand. Consequently, the nature and depth of maternalistic activities is characterised by reciprocal and responsive relations. Collective needs and equal opportunities for all are protected. For the credible execution of this task, the distribution of wealth and organisation of services is required.

In terms of historical manifestations, the maternalistic sphere of state interventions can typically be recognised in activities of social security, welfare state services, collective insurance schemes, education and spatial planning. More broadly speaking, these activities are associated with the welfare state. Even though the welfare state uses the hierarchical and impersonal methods of legislation and bureaucracy for the execution of its tasks, these are also infused by the values of care, support and emancipation. More specifically, maternalistic activities include health care services, opportunities for education, proper housing, public health, public goods (such as infrastructure, and cultural and recreational facilities), social security, and promotion of equal rights for all.

3. The historical appearance of the state

3.1. Introduction

The discussion above on the idea of the state refers to the nuclear definition of the state as sovereign ruler and to the ideal-typical forms in which state power is exerted. This, however, says very little about the historical appearance of the state, which encapsulates the notion of sovereignty, but is also the product of a specific temporal and spatial context. And the actual forms of government can be understood in terms of the aforementioned paternalistic and maternalistic spheres of state intervention, but are at the same time – by necessity – contingent deviations from the ideal types.

The historical appearance of a state is constituted by the characteristics of the tasks a state undertakes and of the specific activities it develops to perform these tasks. The aforementioned discussion of the two spheres of state intervention already hinted at two conceptualisations by which contemporary Western European forms of sovereign rule can be described: the ‘paternalistic’ constitutional state and the ‘maternalistic’ welfare state. These conceptualisations are further developed in the following for two purposes. First, they express paternalistic and maternalistic values in practice and can, therefore, be understood as a means to further expand on the nature of the two spheres of state intervention. Second, they provide the spatial and temporal context in which the preventive gaze is presumed to emerge. The constitutional and welfare state provide the starting point for the empirical inquiry.

This study is historically limited to the age of modernity, since this is constitutive of our contemporary understanding of the state,³⁹ and geographically limited to

³⁹ In his monumental study on the history of government from the Sumerian city-state (which first appeared around 3500 B.C.) up to the present day modern state, Finer attributes three constitutive characteristics to both modern and pre-modern historical appearances of the state:

1. “They are territorially defined populations each recognizing a common paramount organ of government.
2. This organ is served by specialized personnel; a civil service, to carry out decisions and a military service to back these by force where necessary and to protect the association from similarly constituted associations.
3. The state so characterized is recognized by other similarly constituted states as independent in its action on its territorially defined – and hence confined – population, that is, on its subjects. This recognition constitutes what we would today call its international ‘sovereignty’” (1997:2-3).

And specifically for most, but not all, modern states, he distinguishes two further characteristics:

Western Europe, since “[...] the development of states in Europe is – in a world-historical perspective – highly idiosyncratic” (Finer, 1997:5). ‘Modernity’ not also refers to the era following the Middle Ages, but also to a specific type of society and culture, which typically exists in what is generally known as the ‘western world’.

In sociological terms, “[...] modernity is a shorthand term for modern society, or industrial civilization. Portrayed in more detail, it is associated with 1) a certain set of attitudes towards the world, the idea of the world as open to transformation, by human intervention; 2) a complex of economic institutions, especially industrial production and a market economy; 3) a certain range of political institutions, including the nation-state and mass democracy. Largely as a result of these characteristics, modernity is vastly more dynamic than any previous type of social order. It is a society — more technically, a complex of institutions — which, unlike any preceding culture, lives in the future, rather than the past” (Giddens, 1998:94).⁴⁰

At a more empirical level, modern societies can be commonly identified by the transition from an agrarian to an industrial and urbanised society, by the commercialisation and commoditisation of economic relationships and the rise of capitalism, by a rationalisation in the social division of labour, the use of technology and the development of scientific modes of thought, by detraditionalisation of social relations and subsequent rise of a more individualised and egalitarian culture, and by a democratisation of political processes (e.g. Pierson, 2004:28).

This sociological understanding of modern society is closely connected to the intellectual understanding of ‘modernity’. Grounded in Enlightenment ideas, modernity refers to “a progressive force promising to liberate mankind from ignorance and irrationality” (Rosenau, 1992:5). “Man’s emergence from his self-incurred immaturity” (Kant, 1784) implies a cultural emphasis on the use of human reason for the organisation and government of society. This idea finds its expression in, for instance, the typically modern rational division of labour. More-

4. “Ideally at least, but to a large extent in practice also, the population of the state forms a community of feeling – a *Gemeinschaft* based on self-consciousness of a common nationality.

5. Ideally at least, and again to a large extent in practice, the population forms a community in the sense that its members mutually participate in distributing and sharing duties and benefits” (1997:3).

⁴⁰ Van den Brink (2006:12) understands modernity to refer to a way of life or attitude which takes into account four revolutions in the western world. First, the 17th century scientific revolution, which stresses the use of human reason. Second, the 18th and 19th century political revolutions, which ended the ‘ancien régime’ and made the emergence of democracy possible. Third, the 19th century industrial revolution, which brought about massive transformations in economy. And fourth, the 20th century sexual revolution, which wrought a fundamental transformation in family life and marriage.

over, crucial to intellectual modernity is the idea of individual equality. Kant's 'categorical imperative' (1788) provided the argument for an organisation of authority based on moral laws that are grounded in reason, and for universal legislation that treats every individual equally and accepts no higher authority than the rule of law.

Within this context of modernity, Western European states have developed a specific range and depth of activities, which can to a large extent be conceptualised in the notions of the constitutional state and the welfare state. These are not the only conceivable images⁴¹ and they have been preceded by other expressions of similar state interventions,⁴² but they do represent contemporary systems of paternalistic and maternalistic state interventions. The constitutional state – understood here to refer to the contemporary form of a state as 'defensor pacis' (Marsilius of Padua, 1324) – determines the legal boundaries of behaviour, holds individuals accountable for their own behaviour, and punishes infringements of the legal order. The notion of the constitutional state represents the cohesive whole of freedom rights, judiciary, public prosecutor, police, law enforcement, administering justice and detention.

In contrast, the welfare state structure introduces equal opportunities for education and social insurance schemes to protect against unemployment, illness and disability. The welfare state's intervention repertoire consists of social rights and welfare legislation, collective insurance programmes, financial means to facilitate health care and education, and a broad range of welfare organisations. Whereas the constitutional state structures a population's field of action by setting boundaries, the welfare state does so by opening up opportunities and providing services. The activities associated with the constitutional state can, to a large extent, be termed paternalistic, since the majority of activities is punitive or enforcing in nature. Conversely, the welfare state domain has predominantly maternalistic characteristics – evident in the facilitative nature of many welfare state institutions.⁴³

⁴¹ These are, however, not the only possible concepts by which to refer to the notion of the contemporary state, nor do they claim to capture the full range of state tasks and activities. By focusing on different aspects of the state's intervention repertoire, other conceptualisations of the state can be identified, such as the 'regulatory state' (Majone, 1994), the 'surveillance state' (Lyon, 2007), the 'panoptic state' (Bannister, 2005) or the 'empty state' (Frissen, 1999).

⁴² I.e., pre-modern and early modern punishment (e.g. Spierenburg, 1984) and collective action for health and education (e.g. De Swaan, 1988).

⁴³ However, the paternalistic sphere does not coincide with the constitutional state, nor does the maternalistic sphere coincide with the welfare state. The two spheres function as the ahistorical and abstract conceptions from which actual government practices and state interventions can be understood. This also implies that the preventive gaze does not alter these spheres.

3.2. The constitutional state

3.2.1. Basic definition

In its most basic definition, a constitutional state is *a state bound by the laws of its own making*. A constitutional state is a sovereign state that has deliberately limited its exertion of power to legally defined competences and through legally defined procedures. In a constitutional state, there is no higher authority than the authority of the law. This principle of lawfulness denies a sovereign state the opportunity for an arbitrary exertion of power. In the words of Neumann, the 'Rechtsstaatsidee'⁴⁴ is characterised by "[...] the postulate that the administration of the state is bound by its own laws, and that every interference of the state must be reducible to such laws. This implies the supremacy of the law and only of the law; but of a certain type of law, namely of the general laws" (Neumann, 1986:182).

What the exact content and range of law in a constitutional state should be is a subject of discussion and prone to historical development and interpretation, but usually includes a set of freedom rights and political rights for every citizen of the state, a division between a state's judicial, legislative and executive powers, an impartial and equally accessible judiciary, a separation between church and state, and a set of general laws to regulate and mediate the relations between citizens (Zouridis, 2009:35).

Instead, actual policies and activities prompted by the preventive gaze consist of a different contingent manifestation of paternalistic and maternalistic spheres of state intervention. All state activities are presumed to follow from the two spheres developed in the above.

⁴⁴ The notion of a 'Rechtsstaat' refers to Germanic tradition of a constitutional state in which the state is bound by general codified laws. In the British tradition, however, emphasis is placed on the 'sovereignty of Parliament'. Both the English and the German constitutional state are part of a broader tradition of government in their respective states. The 'English model' also has a preference for 'common law' and for jurisprudence to fill in the constitutional character of the state, whereas the 'German model' prefers codification of laws and the formulation of general rules (Zouridis, 2009:126-127).

The Dutch constitutional state, while tending more to the 'German model', occupies the middle ground: while it, too, prefers the formulation of general rules, it does not have a Constitutional Court and tends to formulate laws that are less precise and more open to policy interpretations (Zouridis, 2009:124) – thereby expressing the primacy of Parliament over laws. In the words of Neumann: "In the British doctrine, the centre of gravity lies in the determination of the content of the laws by Parliament. The German theory is uninterested in the genesis of the law, and is immediately concerned with the interpretation of a positive law, somehow and somewhere arisen. The German theory is liberal-constitutional; the English democratic-constitutional" (Neumann, 1986:185).

3.2.2. The quest for a state-free domain

The image of the constitutional state is introduced in the context of this study to describe the contemporary forms of government in the paternalistic sphere. However, the constitutional state is as much associated with a limitation of state power as it is with 'law and order'. The historical development of the Western constitutional state is inextricably intertwined with the protection of individual citizens against the potentially tyrannical powers of the state.

Contemporary Western European political reality is constituted by the conceptual distinction between a private, public and political sphere (e.g. Arendt, 1958). Without these distinctions, every human activity in a society would be "interpreted through politics and seen as transformable by politics" (Pizzorno, in Maier, 1994:27). This is the defining characteristic of a totalitarian state,⁴⁵ which leaves no room for discussion or criticism from the public sphere, and no room for personal autonomy or withdrawal in the private sphere (Lefort, 1986).⁴⁶

With regard to the public sphere of life, Habermas has noted that the free interaction between citizens forms a counterbalance to the state, and as such

⁴⁵ Totalitarian rule is "[...] a *form of society*, that form in which all activities are immediately linked to one another, deliberately presented as modalities of a single world; that form in which a system of values predominates absolutely, such that every individual or collective undertaking must necessarily find in it a coefficient of reality; that form in which, lastly, the dominant model exercises a total physical and spiritual constraint on the behavior of private individuals. In this sense, totalitarianism claims to negate the separation of the various domains of social life [...]. Thus every activity, from the most modest to the most important, is actualized and presented as a moment of a collective project" (Lefort, 1986:79-80).

⁴⁶ Lefort also describes the role democracy can have in preventing a development towards totalitarian rule. Properly functioning democracies do not permanently monopolise the general will or a specific concept of the 'good life' (as, for instance, communist regimes do). In democracies, the political arena is 'open' to a variety of views on the good life, to a variety of representations of the general will, and to changes in the holders of political power through popular elections. Political will formation in democracies is the process of the free interaction between these representations.

The essential characteristic of democratic states in comparison to totalitarian regimes is that the place of power remains 'empty'. Democracies do not have a fixated power in an elite, party or individual, but a power circulating in politics and society: "The legitimacy of power is based on the people; but the image of popular sovereignty is linked to the image of an empty place, impossible to occupy, such that those who exercise public authority can never claim to appropriate it. Democracy combines these two apparently contradictory principles: on the one hand, power emanates from the people; on the other, it is the power of nobody. And democracy thrives on this contradiction. Whenever the latter risks being resolved or is resolved, democracy is either close to destruction or already destroyed. If the place of power appears, no longer as symbolically, but as really empty, then those who exercise it are perceived as mere ordinary individuals, as forming a faction at the service of private interests and, by the same token, legitimacy collapses throughout society" (Lefort, 1986:279).

forms a core characteristic of the liberal constitutional state:⁴⁷ “Die sozialstaatlichen Massendemokratien dürfen sich, ihrem normativen Selbstverständnis zufolge, nur solange in einer Kontinuität mit den Grundsätzen des liberalen Rechtsstaates sehen, wie sie das Gebot einer politisch fungierenden Öffentlichkeit ernst nehmen” (1962:33). And with regard to the private sphere, Isaiah Berlin stated that liberal societies are founded on the idea that “[...] there ought to exist a certain minimum area of personal freedom which must on no account be violated. [...] It follows that a frontier must be drawn between the area of private life and that of public authority” (Berlin, 2007:171).

Faced with an almighty Leviathan, both the public and the private sphere require some sort of protection against political usurpation. As Machiavelli had previously made clear, politics determines its own boundaries. As a result, politics also determines the boundaries of the public and private spheres of life. The contemporary constitutional state provides institutional safeguards for these boundaries, such as a set of equal freedom rights for every citizen, including freedom of speech and assembly (Poggi, 1978:104-105; cf. Marshall, 1950), and an organisation of the state apparatus according to the principle of “le pouvoir arrête le pouvoir” (Montesquieu, 1748).⁴⁸

As such, the contemporary constitutional state is the product of a longstanding Western European quest for the limitation of state power, and more specifically a

⁴⁷ The liberal constitutional state emerged from the 18th century onwards (Habermas, 1962). This development was a very general and gradual one, with very distinct trajectories in the various Western European states. For instance, in France, the 17th and 18th century were marked by absolutist rule, most notably that of Louis XIV. Generally speaking, the revolutionary year of 1848 was a watershed in many Western European countries for the establishment of a democratic rule and/or of individual rights against the state (e.g. France and the Netherlands), following the American example of 1776. However, in many cases the ‘democratic turmoil’ also proved to be the starting point for fascist and communist movements and their eventual claim to authority, lasting until deep in the 20th century.

⁴⁸ Montesquieu distinguishes three powers, which should be kept in balance in order to prevent tyranny and arbitrariness: without a separation between the executive and legislative power there is no possibility to prevent tyrannical legislation or implementation, and without a separate judiciary there is no possibility to stop arbitrary and repressive government.

Noteworthy is Montesquieu’s warning against well-meaning rulers: “Tout homme qui a du pouvoir est porté à en abuser: il va jusqu’à ce qu’il trouve des limites. Qui le dirait! La vertu même a besoin de limites” (cited by Van der Pot c.s., 2001:27). Fareed Zakaria (2003) makes a similar point in his discussion of J.S. Mill: “Mill opened his classic *On Liberty* by noting that as countries became democratic, people tended to believe that ‘too much importance had been attached to the limitations of [governmental] power itself. That ... was a response against rulers whose interests were opposed to those of the people’. Once the people were themselves in charge, caution was unnecessary; ‘The nation did not need to be protected against its own will’” (Zakaria, 2007:101).

quest for a 'state-free domain'⁴⁹ in which the state should not intervene – a quest almost as old as the founding of sovereign states during the 17th century. The Westphalian Peace (1648) and the Glorious Revolution (1688) ended long periods of civil and religious wars and marked the beginning of a period of consolidation of state power (Van der Pot c.s., 2001:21). While this period of civil war convincingly demonstrated that peace and order would be unattainable without the construction of a Leviathan (Hobbes, 1651), it was also clear that establishing a sovereign state was by no means a safeguard against tyranny and repression: “[...] die Macht, die stark genug war, den Bürger zu schützen und das Recht zu gewährleisten, war auch stark genug, den Bürger zu bedrücken und willkürlich über das Recht zu verfügen” (Zippelius, 1999:296).

In the intellectual and factual “struggle between Liberty and Authority” (Mill, 2002:1), the notion of individual freedom takes central stage. For instance, John Locke’s (1632-1704) conceptualisation of the ‘state of nature’ in his *Two Treatises of Government* (1689) is – contrary to Hobbes’s interpretation – a state where ‘natural law’ reigns: “The state of nature has a law of nature to govern it, which obliges every one, and reason, which is that law teaches all mankind who will but consult it, that being all equal and independent, no one ought to harm another in his life, liberty or possessions” (Locke, 2003:271). A sovereign state does not take the place of this natural law. Instead, a sovereign state should be understood as an entity to which individuals entrust certain powers – a consent in the form of a social contract.

According to authors such as George Sabine and Friedrich von Hayek, Locke can be placed at the beginning of a tradition in political thought that emphasised liberty over equality. As such, it should be distinguished from another tradition, which emphasises individual equality. According to Sabine, “[...] there have been two democratic traditions, or at least two distinguishable strands in the democratic tradition; [...] one has been more characteristically Anglo-American and the other more characteristically French; [...] the first gave primary importance to liberty while the second gave primary importance to equality” (1952:452).

The archetypal representative of the second strand of thought is Jean-Jacques Rousseau (1712-1778), who sought to abolish social inequalities by means of political citizenship and representation. In his interpretation, a social contract did not constitute the primacy of particular freedom, but instead the institution of a popular or general will:⁵⁰ “A l’instant au lieu de la personne particu-

⁴⁹ I have derived this term from Georg Jellinek in his *Die Erklärung der Menschen- und Bürgerrechte: ein Beitrag zur modernen Verfassungsgeschichte* (1895).

⁵⁰ An obvious objection to Rousseau’s conception of the social contract and the general will, is its absolute character, which resembles Hobbes’s Leviathan – no matter how much Rousseau

lière de chaque contractant, cet acte d'association produit un corps moral et collectif" (cited by Van der Pot c.s., 2001:30).⁵¹

Whereas Locke stressed the importance of a state-free domain to prevent tyranny, Rousseau stressed the importance of rule through the popular will to prevent tyranny. Put differently, the former feared the state and a tyranny of the majority, the latter feared society and a tyranny of a minority⁵². Both strands of thought have been constitutive of contemporary Western European rule: the 'constitutional state' finds part of its theoretical underpinnings in the intellectual tradition following the footsteps of Locke, and the 'democratic state' owes much of its inspiration to authors in Rousseau's tradition. The former is closely related to the development of freedom rights, the latter to the development of political rights (cf. Marshall, 1950).

3.2.3. The quest for justification of authority

Especially relevant for our inquiry into the paternalistic sphere of state intervention is the other side of the image of the constitutional state: the law as a *justification for the exertion of state power* (Gribnau, 2009). The constitutional state is not only a break with the absolutist Leviathan, but also a continuation of the sover-

himself detested this comparison and no matter how much their conceptions of the 'state of nature' differed (Berber, 1978:214; cf. Talmon, 1952). For both Hobbes and Rousseau, the 'covenant' or 'contrat' also serves as an 'Unterwerfungsvertrag' for individuals to a newly instituted sovereign (Jellinek, 1976:212-213).

⁵¹ In the words of E.H. Carr: "In the feudal period of European history the rôle of the individual in society was determined by hereditary status combined with ownership of land, and social relations were woven round a traditional framework of mutual obligation founded on hierarchy. [...] It was left to the French Revolution [...] to strike the final blow. [...] The new society was to be in principle a society of free and equal individuals. Relations between them were henceforth to be determined not by status, but by contracts entered into by them of their own free will" (Carr, 1951:40).

⁵² Sabine stresses the historical context in which Locke and Rousseau expressed their ideas – the former writing against the background of the English Glorious Revolution of 1688, the latter writing on the eve of the French Revolution of 1789. Both these revolutions ended feudalism, but they differed fundamentally. The Glorious Revolution resulted from a struggle for religious tolerance and was consistent with the Germanic (and to some extent British) tradition of self-government and self-organisation of society. This revolution was also an expression of acknowledgement of a private sphere of life, of a limitation of state powers, and of a confidence in the ability of individuals and social associations to 'regulate' social life and economy (cf. Smith's 'invisible hand') (Sabine, 1952:457-459).

The French Revolution aimed to overthrow 'l'ancien régime', which had maintained social inequalities based on personal privileges and fixed social stratifications. Revolutionaries sought to replace this with a system of equal citizenship and equal rights. This also resulted in scepticism towards social associations and forms of self-organisation, since these were potential sources of social inequalities. Therefore, according to Sabine, the British democratic tradition emphasises the boundaries between state and society, whereas in the French tradition "the state overlaps and includes every phase of society" (1952:463).

eign state's role in the protection of social order. The historical passage to the constitutional state can be understood as the depersonalisation of sovereign rule: "[...] the moral ideal that ultimately legitimizes the modern state is the taming of power through the depersonalization of its exercise" (Poggi, 1978:101). In a modern state, sovereign rule is transferred from the hands of a mortal king into the hands of an impersonal state apparatus – or from the king's 'body natural' to a 'body politic' (Dean, 2007:140), from 'rex' to 'regnum' (Jellinek, 1976:330).

In a constitutional state, rule is exerted through bureaucracy and law:⁵³ a system of impersonal and transparent institutions, of generally applicable codified rights and duties, and of official and generally accessible offices. According to Max Weber (1864-1920), authority in the form of impersonal rules and laws is typical for the 20th century modern Western European state, which is embedded in a broader societal development towards rationalisation: modern capitalist and industrialised societies with a complex division of labour have an tendency towards rational, formal, stable and predictable rule (Weber, 1922). Therefore, the typical everyday appearance of modern rule is not the sovereign king, but impersonal and technical administration or 'Verwaltung' (Weber, 2006:222).

The constitutional state fits the development of a specifically modern type of authority. In his tripartite conceptualisation of authority ('Herrschaft') or legitimate exertion of power,⁵⁴ Weber distinguishes pre-modern traditional⁵⁵ and charismatic authority⁵⁶ from modern rational-legal authority. 'Rational-legal au-

⁵³ This is, however, not limited to the image of the constitutional state. For instance, many welfare state services are organised through bureaucratic organisations and procedures.

⁵⁴ Weber defines 'power' as follows: "*Macht* bedeutet jede Chance, innerhalb einer sozialen Beziehung den eignen Willen auch gegen Widerstreben durchzusetzen, gleichviel worauf diese Chance beruht" (2006:62). And authority exists when power is obeyed: "*Herrschaft* soll heißen die Chance, für einen Befehl bestimmten Inhalts bei angebbahren Personen Gehorsam zu finden" (2006:62). And: "'Gehorsam' soll bedeuten: daß das Handeln des Gehorchenden im wesentlichen so abläuft, als ob er den Inhalt des Befehls um dessen selbst willen zur Maxime seines Verhaltens gemacht habe [...]" (2006:217).

⁵⁵ 'Traditional authority' rests in the hands of an individual ruler, passes from generation to generation, and is based on long-established habits, routines and social structures: "*Traditional* soll eine Herrschaft heißen, wenn ihre Legitimität sich stützt und geglaubt wird auf Grund der Heiligkeit altüberkommener ('von jener bestehender') Ordnungen und Herrengewalten" (Weber, 2006:227). Hereditary monarchies are characterised by this type of authority.

⁵⁶ 'Charismatic authority' is an individual and non-hereditary form of authority, which rests on the belief of followers in the extraordinary qualities of a certain person, such as a prophet, guru or hero: "'*Charisma*' soll eine als außeralltäglich [...] geltende Qualität einer Persönlichkeit heißen, um derentwillen sie als mit übernatürlichen oder übermenschlichen oder mindestens spezifisch außeralltäglichen, nicht jedem andern zugänglichen Kräften oder Eigenschaften oder als gottgesendet oder als vorbildlich und deshalb als '*Führer*' gewertet wird" (Weber, 2006:243).

thority' is not vested in an individual like traditional or charismatic authority, but is exercised by individuals or institutions by virtue of formal rules and laws. The legally defined office creates legitimacy, rather than the individual holding the office: politicians have authority on the basis of their formal position as representatives, and state officials have authority on the basis of their functional position in a state bureaucracy. Rules, not rulers, are the basis of rational-legal authority (Weber, 2006:219-222).

This also makes 'bureaucracy' the most appropriate structure of rule for rational-legal authority,⁵⁷ since it features the requisite qualities to exert power in a formal way: a strict hierarchy, a division of competences, personnel appointed on the basis of technical qualifications, and an impartial execution of tasks (Weber, 2006:222). In the words of Weber: "Das Entscheidende bliebe doch: dass diese 'frei' schaffende Verwaltung (und eventuell: Rechtssprechung) nicht, wie wir das bei den vorbürokratischen Formen finden werden, ein Reich der freien Willkür und Gnade, der persönlichen motivierten Gunst und Bewertung bilden würde. Sondern dass stets als Norm des Verhaltens die Herrschaft und rationale Abwägung 'sachlicher' Zwecke und die Hingabe an sie besteht" (1972:573).

Taking the Lockean state-free domain and the Weberian rational-legal authority together, the contemporary constitutional state serves as a structure for *the simultaneous limitation and the justification of rule* in modern society (cf. Gribnau, 2009). The notion of the constitutional state by no means refers solely to the absence of state interventions (cf. Hirsh Ballin, in Bovens c.s., 1987). The constitutional state is also responsible for protecting citizens against infringements on life, liberty and property by fellow citizens.

This responsibility already follows from Hobbes's notion of the Leviathan, but is transformed into a legal matter in the constitutional state.⁵⁸ The previously discussed notion of the state as sovereign ruler already implied a basic task of the state in the protection of public order in order to prevent a Hobbesian 'war of all against all'. Within the context of the Western European constitutional state, this

⁵⁷ Moreover, the bureaucratic organisation fit perfectly in the 19th century industrial age and its demands for efficient, standardised and mass-scale production of goods (e.g. Morgan, 1992:21). The phenomenon of the bureaucracy is therefore by no means limited to state administration – it emerged everywhere in the 19th century, as an answer to a quest for machine-like methods of control and production.

⁵⁸ In 1885, Albert Dicey formulated an interpretation of the rule of law, which remained close to the original notion of the constitutional state since it emphasised the restriction of the state and its citizens to a set of impersonal laws. Three aspects are highlighted by Dicey: 1) no one can be punished or be made to suffer except for a breach of law proved in court, 2) no one is above the law and everyone is equal before the law regardless of social, economic or political status, and 3) the rule of law includes the results of judicial decisions (Dicey, 1885).

task is legally attributed to public authorities, breaches of the public order are legally defined, and no one can be punished or be made to suffer except for a breach of law proved in court (Dicey, 1885).

The judge and the law are the modern guises of the state as the ultimate arbiter of societal conflicts: “For much of modern history, what characterized governments in Europe and North America, and differentiated them from those around the world, was not democracy but constitutional liberalism. The ‘Western model of government’ is best symbolized not by the mass plebiscite but the impartial judge” (Zakaria, 2007:20).⁵⁹ As a consequence, state interventions in the lives of citizens to fulfil the task of sovereign ruler are, within the context of the constitutional state, mainly justified when they are a *reaction* to prior violations of the law (cf. Zouridis, 2009:176-177 on a state’s ‘Eingriffsverwaltung’). This basic logic underlying the contemporary paternalistic forms of government is taken as the starting point for this study.

3.3. *The welfare state*

3.3.1. Basic definition

Next to the image of the constitutional state, that of the welfare state is centre stage in contemporary conceptualisations of the Western European state. Over the course of the 20th century, Western European constitutional states have substantially increased their formal competences and tasks in this maternalistic realm. After the allocation of freedom and political rights in the 19th and early 20th century, the ‘night watchman state’ (Lasalle, 1862) has, especially in the years following the Second World War, incorporated (often constitutional) social rights in its repertoire, as well (Marshall, 1950; Vonk & Katrougalos, in Vonk & Tollemaar, 2010:74). A welfare state has “[...] fairly explicit commitments to the broad goals of economic development, full employment, equality of opportunity for the young, social security, and protected minimum standards as regards not only income, but nutrition, housing, health and education, for people of all regions and social groups” (Myrdal, 1960:45).⁶⁰

The welfare state is characterised by a duty of care instead of by a clearly defined set of competences such as in the case of the constitutional state.⁶¹ In the

⁵⁹ This does not imply that the notion of government ‘by law and not by men’ dates from modern Western Europe. The idea can be dated back to Aristotle’s *Politica*, but was, according to Hayek, temporarily lost after the fall of the Roman republic (Hayek, 2006:142-146).

⁶⁰ To fulfil these objectives, distribution of wealth by the state is a necessity.

⁶¹ An example of a broad understanding of the welfare comes from the Dutch Scientific Council for Government Policy, which identifies four key functions or objectives. A first function is insurance against illness and unemployment. Second, a welfare state must provide care in the

context of this study, welfare state interventions will be defined as interventions that have been designed to *compensate for fate*, either by creating services to support citizens in the event fate should strike – such as health care in the case of illness and social security in the case of unemployment – or by developing measures to create equal opportunities – such as equal access to higher education and emancipation of minority groups. The intervention repertoire of a welfare state is decidedly different than the repertoire of the 19th century constitutional state. Instead of punishment following a breach of law, the welfare state compensates citizens for threats to their welfare and wellbeing. And instead of individual guilt and responsibility, the existence of harmful externalities beyond the realm of control of individual citizens is assumed as the basis for interventions in the welfare state.⁶²

3.3.2. The social question

Even though the origins of collective action for the promotion of health, welfare and education can be placed in the Middle Ages (De Swaan, 1988), the roots of the actual welfare state lie in late 19th century Germany and England, where the first social laws were passed with a view to improving the financial and social position and physical wellbeing of the working class in terms of housing, public health, education, and old age and unemployment facilities (Bruce, 1968:17-24). Before that time, welfare services did exist – however, not in the form of involuntary collective insurances, but in the form of private charity by local aristocracy, churches, civil organisations and religious orders (Nentjes & Woerdman, in Vonk & Tollemaar, 2010:27).

The development of the welfare state can be understood as a response to the structural societal transformations from the 19th century onwards brought

form of public health and welfare services. Third, welfare states aim to create equal opportunities and promote emancipation, for instance through equal access to higher education. A fourth and final function of the welfare state is community organisation through social work and facilities to make full participation in society possible, such as sporting and recreational facilities, libraries and proper housing and infrastructure (WRR, 2006).

Especially the last two functions show that the welfare state is not only concerned with material welfare, but also with mental wellbeing and individual self-realisation – functions which are usually presented as a compensation for an ever more individualised, automated and urbanised society (De Haan & Duyvendak, 2002:161).

⁶² However, this does not imply that the welfare state is incompatible with the constitutional state. In fact, contemporary Western European constitutional states usually have incorporated a set of legal obligations for the state to perform certain tasks (cf. Zouridis, 2009:176-177 on a state's 'Leistungsverwaltung'). Even though these obligations to act have a different character than the aforementioned limitations of state power, there is no inherent conflict between the welfare state and the basic constitutional demand that every state activity should be based on a legal competence.

about by the rise of capitalism, industrialisation and urbanisation in previously agrarian societies. The social consequences of these transformations were immense: the 'social question' included a broad range of problems, including poverty, poor housing, detraditionalisation, child labour, unemployment, poor health and hygiene, social stratification, and poor labour conditions. The welfare state is "the practical answer to the practical problems of industrial development and mass society" (Bruce, 1968:30).⁶³ As the private charities that constituted pre-industrial social welfare proved insufficient to cope with a massive rise in welfare demands, the state eventually stepped in.

An outline for the "[...] drastic widening of the range of social interests on which state action was brought to bear" (Poggi, 1990:65) to which we today are accustomed was developed by economist and social reformer William Beveridge in two reports to the British government: *Social Insurance and Allied Services* in 1942, followed by *Full Employment in a Free Society* in 1944. Five 'great evils' were the main concern of the 1942 Beveridge Report: squalor, ignorance, want, idleness and disease. Beveridge proposed measures providing for social insurance schemes ('want'), health care ('disease'), housing ('squalor'), education ('ignorance'), and measures for stabilising and developing the economic system ('idleness') (Bruce, 1968:309). All these measures were designed to make life less arbitrary and less subject to chance or fate (Maier, 1994:14).

Along these lines, Western European countries such as England, (West-) Germany and the Netherlands, introduced various social regulations and subsequently implemented, coordinated and 'planned' these through large administrative organisations of state bureaucracy within a relatively short time span (e.g. Myrdal, 1960:45). The 1960s and 1970s can be seen as the 'Glorious Age' of the welfare state (Leibfried & Mau, 2008:x): Western Europe was recovering from the Second World War, reconsidering its attitude towards market regulation after the economic crisis of the 1930s, and had explicitly broken with 19th century politics of 'laissez-faire'.

Since the 1980s, when the financial viability and efficiency of the welfare state began to be questioned, three major shifts have taken place in the organisation of the welfare state (Yeung, in Baldwin c.s., 2010:64-83). These are commonly referred to as the emergence of a 'regulatory state'⁶⁴ (Majone, 1994; 1997). First,

⁶³ In *The Road to Serfdom* (1944), Hayek claims that this is a typical argumentation for the expansion of state activities: the more complex a society, the more regulation, as a result of which individual freedom must be reduced to maintain order (1976:32).

⁶⁴ The regulatory state covers a broader realm of state activities than commonly associated with the welfare state. Besides regulating welfare activities such as health care, regulation may also apply to financial markets, technological risks, food safety, environmental pollution and critical infrastructures. In all these cases, the state monitors and regulates the relations between pri-

the privatisation of welfare state provisions, such as health care services, and the internationalisation of market regulation, in the form of European Union institutions, have led to a 'hollowing out' of the state. Second, the state has shifted its role from direct welfare provider to one that is more regulatory by demanding that other, non-state actors provide proper services (e.g. Osborne & Gaebler, 1992). And third, the practice of governing 'at a distance' or 'indirect government' (Majone, 1997:147) has led to a shift in policy instruments from hierarchical planning and control to the use of rules and specified standards for service provision by private actors: "rule making is replacing taxing and spending" (Majone, 1997:139).

An important trigger for the development of the welfare state was a transformation in the normative attitude towards poverty and social mobility. The constitutional state may have brought legal equality for every citizen, but did not prevent the continuation of old and the rise of new *social inequalities*. Whereas Bernard de Mandeville, whose *Fable of the Bees* inspired Adam Smith's *The Wealth of Nations*, could state in 1714 that these were a natural and necessary part of social life, social inequalities became the subject of moral reflections from the 19th century onwards.

The rise of the constitutional state was tightly interwoven with a quest for personal freedom and a state-free domain. However, as societies industrialised, this state-free domain gradually broadened from the realm of household and religion to the realm of economy. The fact that the notion of the 'private sphere' can refer both to the realm of the family household and to the realm of the economy may help to explain why the classical liberal notion of 'laissez-faire' was a 'logical' normative attitude with regard to state interventions during early industrialisation.

During the 19th century, other interpretations of individual freedom emerged, which were critical of the social inequalities produced by industrialised societies: the desire to be socially acknowledged as a human being with individual and unique characteristics, desires, qualities, life plans and life expectations is a typically modern interpretation of freedom (Popitz, 1992:151).⁶⁵ From this per-

vate actors. However, the regulatory role of the state with regard to welfare provisions has not led to the disappearance of the main idea underlying the welfare state: compensating harm caused by externalities.

⁶⁵ Clarifying in this respect is the distinction made by Russian-British political philosopher Isaiah Berlin (1909-1997) between negative ('freedom from') and positive freedom ('freedom to'). Negative freedom is the answer to the question within which sphere of life an individual is free to act according to his own will without intervention by others: "I am normally said to be free to the degree to which no man or body of men interferes with my activity. Political liberty in this sense is simply the area within which a man can act unobstructed by others. If I am pre-

spective, the fixed social stratifications of capitalist society appear to be no less severe or coercive than traditional medieval stratification mechanisms. According to Weber (1922), a person's place in the social hierarchy of modern industrial societies is the result of a certain societal-economical demand for certain knowledge, qualities and capacities on the one hand, and the 'life chances' an individual has in terms of his qualities and the resources he can employ, on the other hand.

Whereas philosophers of the constitutional state were concerned with the prevention of a tyrannical exertion of power, many 19th century authors became concerned with the needs of the industrial society and the necessity for state interventions. This was reflected in the expansion of social sciences, such as sociology and psychology (Van der Pot c.s., 2001:46), and in what more broadly can be understood as "the discovery of the social" (Donzelot, 1984): the idea that 'society' is a significant analytical entity to empirically understand the development and characteristics of modern life. Social and economic circumstances were viewed more and more as the driving forces behind individual behaviour and living conditions (Dean, 1999:53).

This development is reflected in the works of John Stuart Mill (1806-1873), who in his early works was a renowned and passionate champion of the rights of individuals and the protection of every citizen's private life against state intervention.⁶⁶ In his later works, he availed himself of a more subtle liberalism than his

vented by others from doing what I could otherwise do, I am to that degree unfree; and if this area is contracted by other men beyond a certain minimum, I can be described as being coerced, or, it may be, enslaved" (Berlin, 2007:169). This, however, does not imply a complete absence of state interventions. The adage to be "unobstructed by others" can result in a responsibility for the state to protect individual freedom against threats from other citizens, since "freedom for the wolves has often meant death to the sheep" (Berlin, 2007:38).

In contrast, positive freedom is the answer to the question of which form of self-realisation or autonomy an individual wants to pursue: "The 'positive' sense of the word 'liberty' derives from the wish on the part of the individual to be his own master. I wish my life and decisions to depend on myself, not on external forces of whatever kind. I wish to be the instrument of my own, not of other men's, acts of will. I wish to be a subject, not an object; to be moved by reasons, by conscious purposes, which are my own, not by causes which affect me, as it were, from outside" (Berlin, 2007:178).

According to Berlin, both these conceptions of liberty stem from the same source. The Enlightenment's instruction for man to be autonomous and use his reason implies that an individual takes control of his own life and future – 'self mastery' in the words of Berlin (2007:192). Precisely this desire to live according to one's own life plan implies both an absence of interference by others or by the state in the realisation of this plan, as well as an active involvement of the state to remove barriers and create equal rights for self-realisation: "Freedom is self-government – whether in politics or in individual life – and anything that increases the control of the self over forces external to it contributes to liberty" (Berlin, 2007:259).

⁶⁶ For instance: "[...] the sole end for which mankind are warranted, individually or collectively in interfering with the liberty of action of any of their number, is self-protection" (Mill, 2002:8).

utilitarian colleagues and teachers (such as Jeremy Bentham): he did not adhere to a 'Weltanschauung' according to a universal utilitarian pattern, but instead to the idea of individual freedom of choice for the purpose of self-realisation and to the idea of the individual person as a merit in itself (Schaper, 1963:92).⁶⁷

Especially in his later works, Mill argued in favour of state interventions that sought to realise actual possibilities for self-realisation of every citizen. He argued, among other things, for state support of education (*On Liberty*, 1859), for equal women's rights (*The Subjection of Women*, 1869) and for various social regulations, taxation and provision of public services and goods (*Principles of Political Economy*, 1848) (Schaper, 1963:97): "The first element of good government, therefore, being the virtue and intelligence of the human beings composing the community, the most important point of excellence which any form of government can possess is to promote the virtue and intelligence of the people themselves" (Mill, 2008:25).⁶⁸

A more recent philosophical argument for a balance between liberty and social equality was provided by John Rawls (1921-2002). In *A Theory of Justice* (1971), he formulated two principles for distributive justice. Especially the second, 'difference' principle is important for understanding the logic of the welfare state as a 'compensation for fate': "social and economic inequalities are to be arranged so that they are both: a) to the greatest benefit of the least advantaged [...], and b) attached to offices and positions open to all under conditions of fair equality of opportunity" (1999:266). From this principle, it follows that a state should intervene in society to correct inequalities produced by the free market, if these inequalities stem from an unequal starting position, such as origin, financial status or the possession of certain natural talents. According to Rawls, contingently acquired advantages provide no moral justification of rights.

⁶⁷ Hence, we can understand why Mill chose as the motto of his *On Liberty* (1859) a saying by the German humanist Wilhelm von Humboldt: "Der wahre Zweck des Menschen – nicht der, welchen die wechselnde Neigung, sondern welchen die ewig unveränderliche Vernunft ihm vorschreibt – ist die höchste und proportionierlichste Bildung seiner Kräfte zu einem Ganzen" (Von Humboldt, 2006:22).

⁶⁸ Following in Mill's footsteps were 'new liberals', such as T.H. Green (1836-1882), who perceived individual freedom as 'self-realisation' and strived "[...] to remove hindrances to the development of individual character, in the sense of an independent, self-respecting, responsible, self-helping individual" (Freeden, 1978:58). Green places the 'welfare' of human life central in an "attempt to reassert the quality of human life in the face of industrialism" (Freeden, 1978:15). Green and his sympathisers urged for state interventions "[...] to maintain the conditions without which a free exercise of the human faculties is impossible", such as regulation of working hours, health care measures and compulsory primary education (Brink, in Green, 2003:lxix).

3.3.3. A new model for social order and prosperity

A second important motive for the rise of the welfare state is of a more pragmatic-political nature. Whereas the former argument for the welfare state stems from a positive concern for the wellbeing of society, this second argument stems from a concern for social order (cf. Vonk & Tollenaar, 2010:7). Social inequalities caused social turmoil, which threatened the social and political order. The temptations of socialism mobilised the working class masses who were, in some countries such as Russia, able to overthrow the existing rule. Socialism was an, albeit extreme, example of political will formation, which was in sharp contradiction with the politics of 'laissez-faire'. Exemplary here is the motto of the 1944 Beveridge report *Full Employment in a Free Society*: "misery generates hate".

On a social (and economical) level, the age of industrialisation created new interdependencies between the various social classes: for instance, factory owners and working class were tied together in the economical activity of mass production, and the lower and higher social classes shared the same urban environment in which epidemic diseases and crime threatened social order. These interdependencies spark what Norbert Elias (1939) calls the civilisation process (cf. De Swaan, 1988; Donzelot, in Burchell c.s., 1991).

And on a political level, the socialist-revolutionary summons threatened the existing balance of power in society. In the words of Jacques Donzelot, the question for liberal-constitutional states in the light of massive political movements following the emergence of the 'social question' was: "How can the [...] state lay down for itself a consistent line of intervention that runs between the revolutionary summons to act as the instance for reorganizing society, and the combined liberal-traditionalist animosity to any state infringement of the prerogatives of civil society?" (cited in Burchell c.s., 1991:171). According to Donzelot, 'solidarity' was the conceptual (rather than moral) invention which justified state interventions in economic and social relations without sacrificing the liberal-constitutional framework (in Burchell c.s., 1991:172-173).

In the light of this concern for social order, industrialised society demanded a political agenda, which the 19th century constitutional state did not provide.⁶⁹ Moreover, the late 19th and early 20th century democratic state was in many countries a far cry from contemporary universal suffrage.⁷⁰ And even if uni-

⁶⁹ As Carl Schmitt noted in his *Verfassungslehre* (1928): "Die Prinzipien der bürgerlichen Freiheit können wohl einen Staat modifizieren und temperieren, aber nicht aus sich heraus eine politische Form begründen. [...] Die Freiheit konstituiert nichts" (cited by Zippelius, 1999:302).

⁷⁰ In most Western European countries, a process of democratisation or, in other words, the extinction of political inequalities, preceded the development of the welfare state (Marshall, 1950). This meant, of course, an increased influence of the 'ordinary' citizen in politics and, consequently, in the development of the state: "[The state] was no longer an organ whose

versal suffrage was introduced, the democratic state itself merely provided the framework for political will formation – it also did not constitute a political agenda in itself.⁷¹ The welfare state can therefore also be understood as an effort to establish a political agenda compatible with the already existing constitutional and democratic state, which aimed at *preserving the existing social order*.

The concern for welfare and prosperity of the entire population was transformed from a purely private to a shared political and private matter. Economic welfare became an interest of both state and population. Michel Foucault (1926-1984) called this ‘the game of liberalism’ (2007:48). Liberalism depends to a certain extent on a politics of ‘laissez-faire’, but also on ‘apparatuses of security’ of the state (2007:45): a state lets things happen and allows freedom of goods circulation to enable people to gather personal wealth, but a state also aims to manage the welfare of the general population, for instance through a distribution of wealth, social security, health care and proper education (2007:105).

The basic idea behind this form of liberal government is that in the context of modern industrialised societies, the stability of the state is inherently intertwined with the economic productivity and material welfare of the population. The sovereign state no longer fears external threats, but focuses on potential internal upheaval and on gaining strength by managing its population: “No longer the safety [...] of the Prince and his territory, but the security [...] of the population and, consequently, those who govern it” (2007:65). And elsewhere: “In contrast to sovereignty, government has as its purpose not the act of government itself, but

weakness was its virtue and whose activities should be restricted to a minimum in the interests of freedom. It was an organ which one sought to capture and control for the carrying out of necessary reforms; and, having captured it, one sought to make it as powerful and effective as possible in order to carry them out” (Carr, 1951:67).

There is, however, no necessary relationship between democracy and the expansion of state activities (the US are a case in point), nor is democracy the only explanation for cases where expansion of state activities have taken place. But for instance in the Netherlands, democratic representation of the interests of dominant societal groups (such as social-democrats and Catholics) did lead to an expansion of state activities: “The state, seen as a goal-oriented organisation, which can produce safety and security, goods and services, has served many lords in the course of history. The coming of a parliamentary system meant a system leap. For the first time, representatives of the state’s population had access to the political arena and could use their power to compel the state to realise new and extensive tasks in the interest of the people. Together with democracy, the intervention state was created” (Van Doorn, 2009:437; my translation, RP).

⁷¹ In the words of Schumpeter: “[...] the democratic method is that institutional arrangement for arriving at political decisions in which individuals acquire the power to decide by means of a competitive struggle for the people’s vote” (Schumpeter, 1950:269).

the welfare of the population, the improvement of its condition, the increase of its wealth, longevity, health, etc.” (Foucault, cited in Burchell c.s., 1991:100).⁷²

From this perspective, the welfare state is not just the product of a moral transformation (as discussed above), but also the product of a political transformation. Society is made less arbitrary and less open to fate for reasons of social mobility and prosperity, thereby simultaneously serving individual interests in self-development and social security, and state interests in societal and political stability.

⁷² Even though Foucault places the origins of this move towards ‘government’ in the 16th century, and sees the 19th century as an important period of development, the 20th century welfare state can be understood as a full-fledged expression of government.

4. The mechanisms of state development

4.1. Mechanisms and triggers

The aforementioned images of the constitutional and welfare state provide the historical context in which the impact of the preventive gaze is studied. But in order “[...] to trace the forces that gave birth to our present-day practices and to identify the historical and social conditions upon which they still depend” (Garland, 2006:2), an understanding of this historical context should include a further discussion of the mechanisms, forces and triggers of state development.

This can provide insight into the conditions which gave birth to the preventive gaze, and provide an understanding of the specific impact of the preventive gaze on the image of the state. The objective here is not to establish a fixed, necessary or causal relation between a certain historical context and the impact of the preventive gaze, but to describe the dynamic context in which its increasing dominance and its impact on the state is explicable and understandable. The primary objective of this study is *diagnosis, not explanation*.

In the following, two types of dynamic contextual factors are identified. These are revisited in the concluding chapter of this study in order to develop an understanding of the empirical findings. First, a discussion of *mechanisms of state development* aims to provide insight in the question how state development occurs. These are the mechanisms which the preventive gaze is presumed to actuate. Without claiming to be complete or exhaustive, two different sets of mechanisms and the interaction between them may be distinguished. The first set of mechanisms stresses the importance of the internal characteristics of the state to understand state development, while the second set focuses on the societal pressures for state development (cf. Pierson, 2004).

The ‘state-centred approach’ (Hanneman & Hollingsworth, in Torstendahl, 1992) comprises the idea that a state is an autonomous force and has its own interests, and to some extent determines the development of society. Conversely, the ‘society-centred approach’ (Hanneman & Hollingsworth, in Torstendahl, 1992) operates on the idea that society is dominant in shaping or even determining the nature of the state. This distinction between two sets of mechanisms is partly artificial, since state and society are, in reality, highly interrelated entities (e.g. Abrams, 1977). However, an analytical distinction enables the identification of the specific nature of the state as sovereign rule, which fundamentally differs from the nature of societal actors and organisations. Moreover, the analytical distinction between state and society is fundamental to contemporary liberal societies (e.g. Arendt, 1958; Habermas, 1962).

Second, a discussion of *triggers for state development* aims to provide insight into the social conditions within which a specific state development takes place, and of which this state development is a logical or understandable consequence. Whereas the mechanisms of state development aim to shed light on *how* and along which lines state development occurs, the triggers for state development aim to offer indications for the reasons *why* a specific development takes place at a certain time and place.

Based on sociological and philosophical literature, two different sets of triggers are discussed. First, triggers from the contemporary Western European ‘belief system’, which include notions of freedom and equality, ways of dealing with future and fate, and cultural sensibilities with regard to risks. And second, triggers from the ‘social system’, which include structural societal characteristics and transformations in, for instance, wealth and poverty, in the organisation of labour, in technology, and in cultural cohesion and fragmentation.

Triggers for state development shape the contingent forms of state development. The relation between these triggers and the mechanisms of state development can thereby be understood as follows:

	<i>Belief system</i>	<i>Social system</i>
<i>State mechanisms</i>	The nature of state power (such as the organisation of rule and the objectives of governing)	The complexities of rule and governance (such as the availability of power resources and the governability of society)
<i>Societal mechanisms</i>	The attitude towards state power (such as the justification and limitation of state power)	The demands and interests of society (such as the consequences of industrialisation, globalisation and individualisation)

4.2. State mechanisms: power, preservation and justification

4.2.1. Reason of state and ‘governmentality’

Authors such as Machiavelli, Hobbes, Schmitt and Weber placed the notion of power central in their understanding of the state. In Hobbes’s words ‘*autoritas, non veritas facit legem*’ (cited by Hall, in McLennan c.s., 1984:15), and in Machiavelli’s worldview – at least the one he developed in *Il Principe* – the basic concern for rulers was the development of techniques and strategies to stay in power. Hence, an important mechanism for state development is that *power strives for preservation*.

This mechanism is commonly referred to as the 'reason of state': "[...] the type of rationality that will allow the maintenance and preservation of the state once it has been founded, in its daily functioning, in its everyday management" (Foucault, 2007:238). The only objective of the reason of state is the state itself: "Das Wohl des Staates und der in ihm beschlossenen Volksgemeinschaft ist, so heißt es, Wert und Ziel, und Macht, Machtbehauptung, Machterweiterung das unentbehrliche, unbedingt zu beschaffende Mittel dafür. Unbedingt insofern auch, als es erforderlichenfalls, nach vieler Meinung wenigstens und nach einer häufigen, immer wieder geübten Praxis, auch ohne Rücksicht auf Moral und positives Recht zu beschaffen ist" (Meinecke, 1976:3; cf. 't Hart, 1995).

The notion 'reason of state' fits an age in which the main concern for rulers was the defence of their sovereignty. However, as state formation in Western Europe took on a more stable form and the sovereignty of states became less disputed from the 17th century onwards, a gradual shift occurred in the focus of rulers. Instead of asking 'how to defend the power of the sovereign?' (Machiavelli's core question in *Il Principe*), the dominant modern political question becomes 'how to control the population?': "[W]e see the emergence of a completely different problem that is no longer that of fixing and demarcating the territory [...]. No longer the safety [...] of the Prince and his territory, but the security [...] of the population and, consequently, those who govern it" (Foucault, 2007:65). "The problem for government is not the Prince's rivals but the people [...]" (Foucault, 2007:272).

The reason of state falls short of explaining the activities rulers undertake to govern their population. Veyne (in Davidson, 1997) makes this point clear in the following example. Suppose a prince approaches a busy crossroad. According to a mere reason of state he will only arrange a free passage for himself, for instance by stopping other vehicles, and leave it at that. Now suppose a traffic policeman approaches the same crossing. He will, according to Veyne, try to regulate traffic into an orderly flow through the use of impersonal instruments such as traffic lights, speed bumps and the like.

This modern variant of the reason of state is what Foucault calls, with a neologism, '*governmentality*': "[...] the ensemble formed by institutions, procedures, analyses and reflections, calculations, and tactics that allow the exercise of this very specific, albeit very complex, power that has the population as its target, political economy as its major form of knowledge, and apparatuses of security as its essential technical instrument" (2007:108). Especially from the 18th century onward, Western European states have seen a "governmentalisation of the state"

(Dean, 1999:73) or the process of sovereign rulers⁷³ becoming more occupied with the “effective and productive management of populations” through disciplining techniques, observation, punishment, policing⁷⁴ and surveillance (Pierson, 2004:75).⁷⁵

Government is the “general management of society” in order to gain strength and stability through wealth, health, commercial activities and so on (Foucault, 2007:105). The integrity, stability and strength of a state not only depends on the political skills of its leaders, but also on the capacity to control the potentially dangerous and state-undermining population, and on its capacity to promote economic prosperity: “In contrast to sovereignty, government has as its purpose not the act of government itself, but the welfare of the population, the improvement of its condition, the increase of its wealth, longevity, health, etc.” (Foucault, cited in Burchell c.s., 1991:100).

Whether in the form of policing or in the form of (welfare) policies, goal-oriented interventions are a characteristic of government: “Here [...] it is not a matter of imposing a law on men, but of the disposition of things, that is to say, employing tactics rather than laws, or, of as far as possible employing laws as tactics; arranging things so that this or that end may be achieved through a certain number of means” (Foucault, 2007:99). The ‘governmentalisation’ of the state has, since the 19th century, led to a large increase in the Western European state’s administrative capacities. The actual means for the exertion of state power are ac-

⁷³ Rulers are not necessarily individual persons, but can also refer to a ruling elite (e.g. Mosca, 1896) or to a ruling social class (e.g. Marx & Engels, 1848).

⁷⁴ According to Pasquino, it was only from the 19th century onward that ‘police’ gained something of its current meaning as “the concern to avert future ills, and also maintenance of order” (Pasquino, in Burchell c.s., 1991:109). However, in the 18th century, ‘police’ referred to a broader concern, which Pasquino sums up as “the concern to develop or promote happiness or the public good” (1991:109-110).

Typical for this earlier and broader understanding is the definition given by Beccaria in his *Elements of Public Economy* in 1769: “[...] the sciences, education, good order, security and public tranquility, objects all comprehended under the name of police” (1991:109). And a brief look by Pasquino at the table of contents of Duchesne’s *Code of Police* of 1757 also gives an impression of the broad range of activities originally brought together under the term ‘police’ (1991:110): religious affairs, health issues, nutrition, public roads, public order, commerce, and science and art are included by Duchesne under the same moniker.

⁷⁵ The contemporary welfare state can also be understood in terms of ‘governmentality’. However, an important early expression of ‘governmentalisation’ was the late 19th and early 20th century Prussian ‘Polizeistaat’ – not to be confused with our present day understanding of the term ‘police state’. Here, ‘the science of police’ (best understood in relation to our present day notion of ‘policy’) developed techniques and apparatuses not only to provide safety and crime control, but also to care for the population’s basic needs such as food, clothing, housing, heating, work, productivity and health (Foucault, 2007:324-325).

cumulated in an intervention apparatus, from which a state can draw to pursue certain objectives.⁷⁶

4.2.2. Justification through law and representation

The concepts 'reason of state' and 'governmentality' describe the exertion of state power to promote the interests of the state itself. Just as old as this quest for the establishment and preservation of authority is the quest for justification of power. For instance, St. Augustine already famously asked himself in *City of God* (420): "justice removed, then, what are kingdoms but great bands of robbers?" Just as robbers, a state inflicts harm through the physical exertion of power (punishment) and through the theft of property (taxation).

According to Popitz (1992:186), the fact that few hold power over many can roughly have three explanations: 1) consensus on the way power is to be used and by whom, 2) the acknowledgement by the many of the authority of the few, or 3) the use of physical force of the few over the many. For a state to hold power it must have either the consent of the population, the authority to do so, or the capability to use physical force to extort obedience – or a combination of the three. The first two explanations refer to the idea that the justification of power is commonly understood as being crucial to the survival of a state. Since justified power is stronger and more stable than power that is required to be enforced time and time again, an important mechanism for state development is that *power strives for justification* (cf. Popitz, 1992:244).

Over the course of Western European state development, legitimacy has been a core concern for sovereign rule. In medieval Christian thought, the claim to

⁷⁶ However, a large state apparatus is not only evidence of a strong state, but also limits the possibilities of politics to radically change existing policies. The bureaucracy itself is an important factor in the development of the state. Several arguments suggest that large modern state apparatuses autonomously reproduce existing patterns of thought and action. First, Weber (1922) pointed out that a bureaucracy's instrumental rationality ('Zweckrationalität') tends to push out value rationality ('Wertrationalität').

Second, large organisations are subject to processes of 'institutionalisation': the organisational structure and the historically developed patterns of action and thought determine to a large extent the behaviour of individual employees and make these organisations in general 'path-dependent' (e.g. March & Olsen, 1989; Douglas, 1986).

Third, large organisations (or 'social systems') shield themselves off from an infinitely chaotic environment by reducing complexity: information is selected and processed into meaning on the basis of a certain frame of reference or task. As such, each social system reproduces its own identity and becomes 'autopoietic' or self-referential (Luhmann, 1984).

And fourth, professionals working at the base of the organisation have relative autonomy: contrary to Weber's ideal-typical bureaucracy, state apparatuses not only depend on an impartial and impersonal execution of formal tasks, but also on professional qualities and strategies of individual employees or 'street-level bureaucrats' (e.g. Pressman & Wildavsky, 1973; Lipsky, 1980; Tops, 2007).

legitimacy of authority came in the form of an appeal to a divine will or divine instruction. But as society and rule became more and more entwined, legitimacy was sought in an appeal to the *voluntary obedience* of a significant part of the state's population: "Alle Herrschaft über Menschen hat letztlich ihr Korrelat im – so oder so motivierten – Gehorsam. [...] Herrschaft im gesamten Staat hat aber nur dann Aussicht auf Bestand, wenn sie wenigstens zu einem guten Teil auch von willigem Gehorsam getragen ist" (Zippelius, 1999:55).

The aforementioned writings of Locke, Rousseau, Montesquieu, Kant and Mill can be understood as a quest for a rationalised consent with authority. Even though earlier, Machiavelli had viewed self-limitation in the exertion of sovereign power as one of the many possible strategies to gain legitimacy in the eyes of the population (cf. Gribnau, 2009), these authors sought to replace the ruler-based perspective with a population-based perspective for the justification of state power.

Two important strategies in modern Western Europe to justify state power are the rule of law and political representation. Both strategies have their conceptual origins in the notion of 'natural law' – an imaginary 'pre-state law', which no sovereign rule can violate and, moreover, forces the state to justify its own existence and every activity it aims to undertake: "Das Naturrecht hatte die kritische Frage aufgeworfen: Wie ist der Staat sittlich und rechtlich möglich, wodurch kann er sich rechtfertigen?" (Jellinek, 1964:94).

The justification strategy of the rule of law follows from the awareness that sovereign power (as a concept) is in essence limitless, arbitrary and totalitarian. At the heart of the development of Western European states – usually learnt by bitter experience – lies the idea that this power should be limited and exerted in an equal manner for all citizens. As discussed above in the analysis of the constitutional state, the rule of law provides an institutional framework for the limitation of state power and the protection of man's 'natural law'.

The justification strategy of political representation⁷⁷ does not strive for a limitation of state power, but instead for a more 'positive' expression of man's

⁷⁷ Representation can be understood as "[...] the making present *in some sense* of something which is nevertheless *not* present literally or in fact" (1972:8-9). Pitkin (1972) discusses four interpretations of the notion of representation – of which the first two are relevant here. The first of these is 'representation as authorisation to act', as developed first by Thomas Hobbes: a representative acts for another person on grounds of a covenant. An important shortcoming of this conception is covered by a second conception: 'representation as accountability for actions', which introduces the idea of holding a representative accountable for his actions *ex post*. As a result, the relation between a political representative and his constituents can be characterised by 'responsiveness' (Pitkin, 1972:155).

'natural law'. The exertion of state power does not find its justification in law, but in the general will of the people. Democratic representation gives the population a say in the exertion of sovereign power, and thereby aims to stabilise sovereign power since it is accepted as such by its population (Gribnau, 2009). On the one hand, the political quest for legitimacy can be described as a "quest for a public" and democratic politics as the struggle for a claim to speak "on behalf of" a presumed public (Van Middelaar, 2009). On the other hand, representation is also a task for the public itself: "The prime difficulty [of democracy] is that of discovering the means by which a scattered, mobile and manifold public may so recognize itself as to define and express its interests" (Dewey, 1954:146). Without some kind of shared experience of common interests, the state can easily become the plaything of the private interests of a ruler or a ruling class.⁷⁸

In Pitkin's words: "representing [...] means acting in the interest of the represented, in a manner responsive to them. The representative must act independently; his action must involve discretion and judgment; he must be the one who acts. The represented must also be (conceived as being) capable of independent action and judgment, rather than of only being taken care of. And, despite the resulting potential for conflict between representative and represented about what is to be done, that conflict must not normally take place. The representative must act in such a way that there is no conflict, or if it occurs an explanation is called for" (1972:209). This also implies that representation is essentially 'performative': the popular will is not already 'out there' waiting to be expressed, but is constituted in the dynamic correlation between the utterances of politicians and the extent to which a population recognises these utterances as an expression of its will (cf. Ankersmit, 1997).

Pitkin's third and fourth conceptions of representation do not deal with representations as 'acting for', but with representations as 'standing for': the acts themselves do not constitute representation, but specific characteristics or features of the representative. Pitkin distinguishes 'descriptive representation' – the idea of representation through resemblance or reflection between representative and represented actor – and 'symbolic representation' – the idea of representation through symbols to express certain values or features (such as the pope representing Christ on earth, or Lady Justice representing the morality of the judicial system).

⁷⁸ Dewey stresses the importance of an active and well-informed public opinion for the identification of public concerns (1954:177-180). The most important task for a democratic society is the quest for what counts as a *public* problem and what the nature of this problem is. Following Stone (1988), at least four important inherently contested – and often interrelated – objectives should be point of concern in this quest for what constitutes a 'polis', which transcends the idea of society as a marketplace where every form of human interaction can be reduced to a commercial relationship between buyers and sellers.

First, the meaning of *equity* and its complications, such as the inclusion of members in the political community, the criterion for distribution, the objects or items of distribution and the process by which to arrive at a fair distribution. Second, the meaning of *efficiency*, which includes the choice for specific objectives and the identification of market imperfections (e.g. in the production of collective goods). Third, the meaning of *security*, which implies the identification of needs to be protected by government (economical, physical, psychological, military, educational, medical and so on) and wants to be pursued through private action. And fourth, the meaning of *liberty*, which implies the question of when and under what circumstances individual freedom may be limited by public authorities (for instance to protect citizens or society in

4.2.3. The construction of consent

Justification is not only something a state is granted by a population, it is also something that states to a certain extent can actively ‘construct’. According to Van Middelaar (2009), authorities can deploy three strategies in the active quest for popular consent: a claim to a shared history and identity, a claim to effectiveness and delivery of promises, and a claim to the exertion of the general will. All three strategies can, in part, be understood as manifestations of the state mechanism to *strive for the governability of its subjects*.

An example of the first strategy is the 19th century ‘invention’ of the nation-state. This can be understood as the purest expression of an inextricable relation between population and sovereign power: the ethnic or cultural unity of a nation and the territorial and political unity of a state coincide geographically. Even if an ethnically pure nation is factually unattainable – especially in contemporary multicultural societies – the idea of an ‘imagined political community’ (Anderson, 1983) can serve as a strong argument for a state as the legitimate ruler of a population. Strengthening a society’s cultural or normative *homogeneity* can be an effective strategy to increase the governability of society (cf. Drosterij & Peeters, 2011).

An example of the second strategy is what Talmon (1952) calls ‘political messianism’: the idea that only political leaders can lead a people to true enlightenment or freedom. A claim to effectiveness and delivery of promises coincides with the argument that state interventions are in the best interests of a population. The rhetorical or factual construction of *dependency* increases the governability of a population: a population’s wellbeing is rhetorically presented as dependent on the acts of its rulers, and is factually made dependent on the physical protection and security mechanisms of the state (e.g. Foucault, 2007).

And an example of the third strategy is populist politics. Even though democratic representation inherently has a populist element, what is commonly understood as ‘populism’ is the political claim to represent the pure and undiluted will of an entire people. Moreover, the will of the people is understood as the highest form of authority: *vox populi, vox dei* (e.g. Mudde, 2004; Zijderveld, 2009). An active claim to represent the people can also be understood as a justification mechanism for state interventions (cf. Peeters & Drosterij, 2011).

The construction of voluntary consent, compliance and obedience increases a population’s governability, but is in itself insufficient for the preservation of a state’s sovereignty and for the realisation of government objectives. Even though

general against certain types of harm) or should be actively promoted by public authorities to enable citizens to increase the control over their own life.

Weber's definition of the state does not imply the constant exertion of power, its preservation is grounded in the *ability* to wield physical power (Bobbio c.s., 1983, quoted by Poggi, 1990:4). In this respect, Gramsci speaks of "consent backed by coercion" (cited by Pierson, 2004:21). If necessary, compliance of subjects can be enforced through the actual exertion of power or through the threat to exert power. As a result, an important mechanism of state development is that *sovereign power strives for the acquisition of resources for its preservation and exertion*.

Hood (1983) distinguishes four sources of power: 1) the position to extract information from society and analyse societal phenomena ('nodality'), 2) adequate financial means ('treasure'), 3) the ability and power to implement and enforce ('authority'), and 4) the adequate personnel and equipment to intervene ('organisation'). The extent to which a state is capable of acquiring these resources is to a large extent dependent on the general characteristics of state and society, such as specific traditions with regard to authority, the role of solidarity, the strength of existing organisations (including police and bureaucracy), the stability of the existing order, the presence of competitors (including neighbouring states, war lords or mafia), and the practical means of enforcement (ranging from statistical knowledge of a population to arms and weaponry).

4.3. Societal mechanisms: demands for collective action

4.3.1. Protection and self-preservation

Whereas the state mechanisms of power and justification view the state as the dominant factor in its own development, societal mechanisms assume society or certain powerful groups within society as dominant in shaping the development of the state. From the latter perspective, it is not the state's quest for a legitimate exertion of power, but societal interests and demands for collective action that determine what the range and depth of state activities is and should be. In other words, the state is assumed not to act on its own behalf: the power of the state is only to be exerted for the realisation of societal demands.

Dewey presents a strong argument for such an understanding when he places a notion of 'the public' at heart of his definition of the state: "the state is the organization of the public effected through officials for the protection of the interests shared by its members" (Dewey, 1954:33). What the exact nature of 'the public' is remains essentially contested and is prone to historical, cultural and geographical differences (1954:47). According to Dewey, the quality of a state can be assessed by the extent to which it succeeds in protecting or realising collective interests: "A measure of the goodness of a state is the degree in which it relieves individuals from the waste of negative struggle and needless conflict and confers

upon him positive assurance and reinforcement in what he undertakes” (1954:72).

Since the emergence of the modern state, the justification of its existence has been sought in a societal demand for protection and self-preservation. In the Hobbesian ‘war of all against all’, life was ‘solitary, poor, nasty, brutish and short’. Only the establishment of a sovereign by means of a covenant, in which men enter out of their own free will, would enable an escape out of this ‘state of nature’ into a state of security. The imaginary covenant justifies the existence of the state and simultaneously appoints an important task to the state: the protection of each contracting party’s life.

In more liberal conceptualisations of this quest for self-preservation (such as Locke’s quest for the protection of life, liberty and property), the state has the role of ultimate arbiter in societal conflicts. Seen from the perspective of the population, a state loses its legitimacy when it fails to protect its inhabitants against external enemies or against infringements carried out by other inhabitants. The mechanism at play here is that *a population calls upon authorities for protection if threats to the existing order are perceived as being beyond the control of individual inhabitants*.

4.3.2. The promotion of interests

Whereas the sovereign rule of the Leviathan is a response to a societal quest for protection against fellow citizens, this sovereign rule can also be called upon for a more ‘positive’ demand for collective action. Here, the popular will is perceived as the catalyst for the exertion of state power and for the promotion of certain societal interests (cf. Rousseau, 1762). A democratic state is “[...] an organisation which meets the demands of a community of people for collective action” (Van der Pot c.s., 2001:147; my translation, RP). Politics is the business of deciding ‘who gets what, when and how’ (Lasswell, 1936). And representation is an orderly and institutional means for citizens to express and promote their interests.

The modern-day mechanism of democratic representation creates “[...] a reversal of the relationship between state and (civil) society as seen from the ruler’s standpoint. Far from society being treated as an object of political management by a state operating chiefly in the light of interests exclusive to itself and to which those of society had to be subordinated, the state itself had to become an instrumentality of society’s autonomous, self-regulating development. The state’s very existence, and its mode of operation, would have to seek justification in the extent to which it allowed that development to unfold according to its own logic, rather than imperiously directing it and bending it to the state’s own ends” (Poggi, 1990:53).

Political representation notwithstanding, societal pressures have been a major influence in the development of the Western European state. For instance, modern demands for social mobility, life chances and self-development (Weber, 1922; Berlin, 2007) are accommodated by welfare state interventions to create health care, social security, education and proper housing for all. Moreover, the welfare state accommodates the free circulation of commodities in the capitalist economy, which forms an effective system for the creation of material welfare and depends on the promise of social mobility for its infinite 'creative destruction' (Schumpeter, 1950).

Historically, collective action mostly follows from shared interests between various population groups and from shared problems, which cannot be solved or avoided by means of private action. According to authors such as Elias (1939) and De Swaan (1988), interdependencies between population groups spark demands for collective action. For instance, the age of industrialisation created new social and economical interdependencies between the various social classes. More specifically, factory owners and working class became tied together in the economical activity of mass production, and the lower and higher social classes shared the same urban environment in which epidemic diseases and crime threatened social order (Donzelot, in Burchell c.s., 1991): "the interdependence between the rich and the poor, or between the strong and the powerless, is central to the collectivizing process" (De Swaan, 1988:3). The underlying societal mechanism for state development is that *a population calls upon authorities for the realisation of interests that are perceived as unattainable by individual or private action.*

4.3.3. Resistance, avoidance and alternatives

Besides forming an instrument for the realisation of societal interests, the limitless power of the sovereign state can also be a threat to certain societal interests. This 'invasive' (Poggi, 1990) image of the state generates two further societal mechanisms, which form the flipsides of the two aforementioned societal mechanisms of state development. The first of these mechanisms is that *a population seeks to limit, control, avoid or resist the power of authorities if it is perceived as a threat to societal interests.* The democratic-constitutional state is, according to Rosanvalon (2008), also an organisation of distrust. The power of the state and of the 'general will' of the population are kept in check by institutional checks and balances (such as the separation of powers), and by social manifestations of protest (or the right to resist), evaluation (such as auditing and calls for transparency), agenda setting, criticism (for instance by a free press) and circumvention of rules.

The second mechanism is that *a population seeks alternative forms of collective action to realise societal interests if a state lacks the ability or legitimacy to*

do so. This mechanism is clearly evident in cases of a failed state: the sovereign is unable to perform its task as society's ultimate arbiter. A more everyday expression of societal resistance or avoidance of state power is tax noncompliance. Also, many states have to tolerate the existence of semi-autonomous regions or separatist movements within their territory, or the presence of alternatives for the protection of societal interests, such as the mafia, the market, the church or the community.

4.3.4. The serviceable and invasive state

In the above, eight mechanisms of state development have been discussed. These should be understood as historical movements and not as ahistorical axioms:

1. Power strives for preservation
2. Power strives for justification
3. Power strives for the governability of its subjects
4. Power strives for the acquisition of resources for its preservation and exertion
5. A population (or certain parts thereof)⁷⁹ calls upon authorities for protection if threats to the existing order are perceived as being beyond the control of individual inhabitants
6. A population (or certain parts thereof) calls upon authorities for the realisation of interests which are perceived as being unattainable by individual or private action
7. A population (or certain parts thereof) seeks to limit, control, avoid or resist the power of authorities if it is perceived as a threat to societal interests
8. A population (or certain parts thereof) seeks alternative forms of collective action to realise societal interests if the authorities lack the ability or legitimacy to do so

In contemporary democratic states, the societal demands for collective action are often difficult to distinguish from the state mechanisms of power and justification. To some extent, it is a matter of perspective whether one sees state development as a consequence of societal pressures or as a consequence of autonomous 'governmentality' (Foucault, 2007). Therefore, Poggi (1990) claims that there is a fundamental ambiguity present in the image of the contemporary Western European

⁷⁹ The development of the state is not necessarily determined by the majority of the population, but can also be determined by a minority, such as a powerful ruling elite (e.g. Mosca, 1896) or ruling class (e.g. Marx & Engels, 1848).

welfare state.⁸⁰ The opposing images of the 'serviceable' and 'invasive' state are often tightly interlocked.

On the one hand, there is the image of the 'serviceable state': "[...] the state expands and diversifies its activity to fill a vacuum of regulation and to remedy a shortage or a maldistribution of resources engendered by spontaneous socio-economic change and by the lag in the development of the attendant norms" (1990:120). This 'serviceable state' deploys three types of activities. First, activities directed at the protection and support of economically weaker social groups, such as the regulation of working times, of minimum wages, of safety standards in factories and so on. Second, activities designed for the economically stronger social groups aimed at generating a well-functioning free market economy, for instance, by creating facilities for the further development of an advanced industrial society in terms of physical infrastructure and the need for a highly educated labour force. And third, the 'serviceable state' concedes to the claims of various social groups, varying from environmental protection to affirmative action (Poggi, 1990).

On the other hand, there is the image of the 'invasive state': "besides responding [...] to the pull of interests emanating from the outlying society, the dynamic of the expansion and diversification of state activity expresses the push of interests lodged inside the state itself, whether as a whole or in its parts" (Poggi, 1990:120). There are three elements to this 'invasive state' (Poggi, 1990:121-125). First, it is the nature of every form of 'social power' to increase its autonomy at the expense of other organised forms of social power. Especially the form of social power known as political power has an expansive nature. Second, all large differentiated social systems have the tendency to become self-referential (e.g. Luhmann, 1984): the idea that every division of, for instance, a bureaucratic or professional organisation perceives the surrounding world in terms of its own specialised perspective and profession. People in those organisations develop their own language, concepts and theories to understand the world and hence

⁸⁰ This ambiguity was also addressed by Foucault. He describes a permanent tension between two 'games' the state simultaneously plays with its citizens: the 'city-citizen game' where the image of society as a 'polis' and the concern for the 'res publica' are dominant, and the 'shepherd-flock game' where 'pastoral power' is exerted as if the state were a shepherd who has the responsibility to look after the wellbeing of his flock. Modern western states inhabit two images of the citizen – one corresponding with depersonalised and institutionalised power, the other reflecting the image of the state as a father or a mother for its citizens:

1. "the individual as *citizen* who exercises *freedoms and rights* within the *legal and political structure* of the political community on the basis of *equality* with other citizens
2. the individual as a *living being* whose welfare is to be cared for as an individual and as a part of a population, as one who must be integrated within complex forms of *social solidarity*" (Dean, 1999:82).

reproduce their own identity and 'raison d'être'. And third, democratic politics are a driving force behind expansive policies: politicians aim to realise their political agenda and thereby trigger a further state expansion.

4.4. *Triggers for state development*

4.4.1. Belief system

The aforementioned state and societal mechanisms explain how a state evolves. These mechanisms have, to a certain extent, an autonomous dynamic: power actively and continuously strives for preservation and justification, and representation actively and continuously seeks approval for the exertion of state power. Moreover, these mechanisms are understood as the points of application or actuation points for the preventive gaze.

However, these mechanisms do not provide an understanding of why the preventive gaze has become a defining characteristic of the state. The temporal and spatial context – or social conditions – of the state can function as external triggers for the mechanisms of state development. More specifically, the preventive gaze is itself such a trigger, since it determines our contemporary outlook on the future. Based on sociological and philosophical literature, two types of triggers are discussed in the following: triggers from a specific historical 'belief system' and triggers from the characteristics of a social system.

To start with the former, a 'belief system' can be constructed from the paradigms and values that make up a society's general outlook on social reality, such as religious values, concepts of justice and cultural sensibilities (cf. *Finer, 1997:28*).⁸¹ Human behaviour is always infused by specific meanings and moods. People behave in a certain way because those actions have a specific meaning for them. The characteristics of such a specific 'belief system' are "tightly congruent" with the social stratification and the nature of political institutions (*Finer, 1997:29*). Without claiming to be complete or exhaustive, three elements of the contemporary Western European belief system are highlighted in the following.

First, specific conceptualisations of *freedom and equality* form the basis of our contemporary organisation of the state. According to *Berlin (2007)*, a defining characteristic of liberal societies is the value they attach to the individual: the Enlightenment placed individual autonomy and equality at the heart of political philosophy and, consequently, at the heart of conceptualisations of the ideal state.

⁸¹ At the end of the 19th century, French sociologist Durkheim described this shared belief system as a 'conscience collective', or "the totality of beliefs and sentiments common to average citizens of the same society" (cited by *Garland, 1993:50*).

For instance, several constitutional principles can be derived from Enlightenment philosophers such as Kant: 1) the principle of civil liberty for the autonomous individual, 2) the principle of equality before the law and 3) the principle of political freedom (i.e., the right of every autonomous individual to contribute to his country's legislation) (Witteveen, 1996:200). And the values of individual equality and self-development find their expression in the contemporary welfare state: every individual should have equal opportunities for self-development and equal compensation for illness or unemployment, and the financial burdens accompanying the organisation of the welfare state should be equally shared (cf. Frissen, 2007).

Individual freedom is tightly connected with individual responsibility: a person is said to be free when he is able to make his own decisions in life. As such, conceptualisations of responsibility are a core element of state development. For instance, the constitutional state presupposes that individuals can be held personally accountable for their acts. And the welfare state presumes the existence of harm beyond the sphere of individual control and responsibility – consequently, collective instead of individual action is justified.

Second, modern societies place human *reason and rationality* at the heart of their efforts to understand and control social reality. The Enlightenment agenda to liberate mankind from ignorance sparked the idea of man being capable of understanding and controlling the natural world surrounding him through the application of reason. The Enlightenment is the subjection of the world to rational thought, which perceived social reality as something to systematically fathom as if it were a machine in which every little element has its specific and instrumental place and function. In the words of Horkheimer and Adorno: “Das Programm der Aufklärung war die Entzauberung der Welt” (2007:16).

In terms of state development the idea of dealing with disorder through rational interventions⁸² has, since the 19th century, led to a rationalisation of government and economy. Instrumental rationality (Weber's ‘Zweckrationalität’) forms the paradigm for the design of large organisations. The bureaucracy, which was the basic model for the development of large organisations (such as the army and the state apparatus), is characterised by a rational division of labour and by the capability to produce large quantities of impersonal, standardised and pre-

⁸² That said, authors such as Hayek emphasise the (normative) importance of understanding societies as a form of ‘spontaneous order’: “The fundamental principle that in the ordering of our affairs we should make as much use as possible of the spontaneous forces of society, and resort as little as possible to coercion [...]” (Hayek, 1976:13). Fittingly, one of Hayek's favourite quotations comes from Adam Ferguson, who in 1767 spoke of society as “[...] the result of human action, but not the execution of any human design”.

dictable outcomes. Moreover, instrumental rationality is also an important model for the development of state interventions: 'central planning' rests on the belief that the world can be rationally organised by means of state interventions (e.g. Van Gunsteren, 1976; Scott, 1998; Blokland, 2001). This requires the construction of causal schemes (i.e. thinking in terms of means and ends) and knowledge of the object of interventions.

For Foucault, the exertion of power and use of knowledge are so intertwined that he considers these to be indivisible, referring to 'power/knowledge' (Foucault, 1980). For the realisation of policy goals, states collect knowledge and statistical data on a wide range of policy terrains: knowledge about economic conditions and prospects, about effective disciplinary measures in prisons, about demographic developments in society, about crime rates, about the gross domestic product, about the living conditions in poorer neighbourhoods, and so on. Furthermore, states employ various types of 'experts' such as criminologists, (forensic) psychiatrists, architects, social workers, and planners to run policing, penal, medical and welfare institutions (among others) in an effective manner. And many contemporary states today aim for 'evidence-based policy making' – the idea that government interventions should be validated by objective science (e.g. Pawson, 2006).

Third, every 'belief system' has its specific cultural sensibilities with regard to *risks and vulnerabilities*.⁸³ These sensibilities determine the way a society perceives and deals with the future. Every society defines, selects and assesses its own risks and, consequently, has its "own typical risk portfolio" (Douglas & Wildavsky, 1983:8). Risks cannot be calculated fully objectively,⁸⁴ but are a product of a specific social order⁸⁵ and outlook. From an anthropological perspective, risk

⁸³ According to Douglas, every society has its own ways of dealing with threats to its moral and social order (2002:45). For instance, in medieval Europe, societies were faced with the threat of lepers and witchcraft – the former a threat to public health, the latter to public order (Douglas, 2005:90). The typical reaction to lepers was to isolate them within society if cure proved impossible, while the reaction to witches was expulsion from society by death sentence or banishment. Taking these examples to a more general level, societies faced with inappropriate elements may either decide to try to isolate and normalise them (cf. Foucault, 1975), or try to expel them from society (cf. Girard, 1982).

⁸⁴ Does a society fear the forces of nature or does it trust in man's ability to tame them? Does a society fear nuclear technology or does it hold faith in technological advancement? Does a society have a negative or a positive outlook on mankind? To what extent does a society accept crime and insecurity as a fact of life? Science and knowledge may provide some explanations, but in the end the answer comes down to perception: more information cannot provide answers to questions about ambiguous phenomena (Douglas & Wildavsky, 1983:63-64)

⁸⁵ 'Order' presumes a form of unity, normality and purity and consequently implies the existence of abnormalities, ambiguities and anomalies. Metaphorically, these latter phenomena can

selection is understood to refer to a mechanism to reinforce the existing social order: "Whatever objective dangers may exist in the world, social organizations will emphasize those that reinforce the moral, political or religious order that holds the group together" (Rayner, in Krimsky & Golding, 1992:87).

Every society develops its own coping mechanisms to deal with the risks they have defined. The typical modern coping mechanism is the "domestication of fate" (De Mul, 2006): an active quest for the control of risks and harms. This attitude contrasts heavily with the ancient Greek 'tragic attitude' towards fate, which was incorporated in their worldview as an inevitable element of human action, and with the Christian attitude of 'humble submission', in which fate is understood as the will of God.⁸⁶ The preventive gaze can be understood as an expression of the active modern attitude towards risk.

According to Beck (1986), this modern attitude has its origins in the Enlightenment ambition to organise society and control nature in a rational manner. The ontological separation between 'man' and 'nature' was an invention of the Enlightenment in order to control phenomena external to man. However, in late modernity man has come to realise that the Enlightenment agenda has itself produced new and difficult to control risks (Beck, 1986:9-10). The late-modern highly technological industrial society produces risks for the environment and for public health, such as depletion of traditional energy resources, the consequences of environmental pollution, and the dangers of nuclear energy.

This awareness is what Beck terms 'reflexive modernisation': "Der Modernisierungsprozeß wird 'reflexiv', sich selbst zum Thema und Problem" (1986:26). And because the threats of modernisation are self-made, man is both victim and culprit – Beck speaks of the "Einheit von Täter und Opfer" (1986:50). The 'domestication of fate' no longer merely applies to natural threats, but also to man-made threats: "Handelte es sich früher um *extern* (Götter, Natur) bedingte Gefahren, so liegt die historische neuartige Qualität der Risiken heute in ihrer zugleich *wissenschaftlichen und sozialen Konstruktion* begründet [...]" (1986:254).

be described as 'dirt': "[...] dirt is essentially disorder. There is no such thing as absolute dirt: it exists in the eye of the beholder" (Douglas, 2002:2). Dirt is "matter out of place" and as such "the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements" (Douglas, 2002:44).

⁸⁶ A different conceptualisation is presented by Douglas (1970), who distinguishes four cultural types: hierarchical, individualist, egalitarian and fatalistic. Each type has its own specific outlook on the vulnerabilities of society (cf. Douglas, 2005:263). A hierarchical society gravitates towards a robust image of society, where obedience is a key value to keep the existing order intact. An individualist society tends towards a benign image of society, in which people are expected to take opportunities and self-regulation is the major regulative force. An egalitarian society tends to perceive social order as a fragile balance, and requires integrity and prudence in the relation between societal groups. And finally, a fatalist society gravitates towards a capricious image of social order, where people are left to deal with their own fate.

As such, 'reflexive modernisation' (Beck, 1986) implies an increased sensitivity for the vulnerabilities of contemporary society and can therefore further trigger demands for collective action.

4.4.2. Social system

State development is not only triggered by values, meanings, moods and cultural sensibilities, but also by specific characteristics, which construct a 'social system', and by the reciprocity between belief system and social system. For example, the previously discussed notion of 'reflexive modernisation' (Beck, 1986) should not only be understood as a product of transformations in a society's risk perception, but also of transformations in economy and technology. Late modern industrial society is a 'risk society' (Beck, 1986), which produces new types of environmental and technological risks. Hence, the cultural perception of risks and the 'factual' production of risks are two tightly interconnected phenomena. In the following, three sets of societal triggers for the mechanisms of state development are discussed: developments in society, economy and technology.

First, since the emergence of the sovereign state, developments in the structure and basic characteristics of society have been important triggers for state development. For example, the horrors of the Hobbesian state of nature and the 16th and 17th century Western European civil wars offered strong arguments for the establishment of sovereign rule. And conversely, social unrest and civil war can also threaten the very existence of a state.

But also in more stable forms of rule, structural societal transformations can give rise to demands for collective action or for state activities to compensate for divergent social forces. Especially relevant for the context of the modern Western European state are developments in *urbanisation and individualisation*. Urbanisation is – especially from the 18th century onwards – to a large extent a consequence of the transformation from a rural to an industrial economy. The concentration of large quantities of people on a small geographical area caused new problems in, for instance, social order and public health. According to De Swaan (1988), interdependencies between several population groups are the main explanatory factor for collective action:⁸⁷ if people cannot 'escape' threats to their wellbeing by means of private protection, they have an incentive to turn to collective action instead.

⁸⁷ De Swaan (1988) also points out how early examples of collective action in medieval Europe were the result of interdependencies between the rich and the poor and between the powerful and the powerless, such as measures to control the plague.

Individualisation is a process both separate from and connected to urbanisation. The disintegration of traditional forms of living together in family and rural communities as a result of urbanisation is an important contributing factor to the individualisation of society. At the same time, individualisation is also an expression of a specifically modern mindset, one that emphasises equal rights and opportunities, individual self-development and social mobility (e.g. Weber, 1922; Berlin, 2007). However, governments may also feel compelled to compensate for the decline in social control and social support in terms of crime prevention (e.g. Garland, 2001) and welfare support (e.g. De Haan & Duyvendak, 2002:161). At the same time, the disintegration of traditional societal structures and the subsequent emergence of a 'network society' (Castells, 1996), in which social interaction is organised around virtual and dynamic networks instead of around territorially bound and fixed modes of living together (cf. Bauman, 2000),⁸⁸ make societies less 'governable', 'legible' and 'knowable' (Van Gunsteren & Van Ruyven, 1993) and less susceptible to effective top-down interventions (e.g. Frissen, 1996).

Second, the transformation from a rural to an industrial and capitalist⁸⁹ economy since the 18th century (and to a post-industrial economy since the late 20th century) has fundamentally altered the modes of production and circulation of commodities. The capitalist market is an important factor in the daily lives of people and in the development of social order, since it encourages the acquisition of wealth by maximising efficiency and productivity, for instance by organising production in large enterprises, by exploring new consumer markets and by increasing the efficient division of labour.

The emergence of capitalism is closely interrelated with the aforementioned emphasis on rational modes of thought and organisation, and more specifically on the rational organisation of work through a division of labour (Durkheim, 1893; Weber 1904/1905). The assembly line is the archetypal image of early capi-

⁸⁸ In some ways, the notion of an individualised society is not specific enough. New communities have emerged in the place of old ones. Important differences are that these new communities are often not bound to geographical territories or state boundaries, that individuals are a member of a broader variety of communities, and that they are often free to choose to withdraw from a certain community (Duyvendak & Hurenkamp, 2004). Moreover, the notion of an individualised society is misleading in the sense that it does not fully correspond with the fragmentation and multiculturalisation of Western European societies: instead of a dominant and uncontested 'Leitkultur', a broader variety of religions, cultural habits, lifestyles, identities and social conventions characterises the contemporary public sphere (Baumann, 2011).

⁸⁹ Capitalism is the ideal-typical economic system in which the means of production are privately owned and coordination is brought about by a price-mechanism instead of central planning (that is, market forces constitute the relation between demand and supply). Goods and means of production are privately owned, and money is generally used to effect the exchange of commodities.

talism, since it expresses the process of *differentiation*: the production of goods is organised effectively and rationally by breaking up the production process in separate elements.⁹⁰ The contemporary equivalent of the assembly line is the assembly of products by using materials and components from all over the world (Friedman, 2005). The *globalisation* of production processes (and subsequent exchange of commodities) is a logical consequence of the rational division of labour. The contemporary division of labour has 'simply' transcended the boundaries of the factory and of the geographical territory of the state, thereby creating new and complex forms of interdependency between national economies.

The capitalist system itself has become a semi-autonomous force:⁹¹ on the one hand, states control and regulate the market (for instance through anti-cartel legislation and monetary policies), but on the other hand, the state allows and often even stimulates the free circulation of goods, capital services and people for the production of material prosperity (cf. Foucault, 2004). Moreover, economic activities are, to a considerable extent, beyond the influence of individual sovereign states since, for instance, decisions of multinational businesses influence national unemployment rates and the interrelated global economic system determines to a large extent the welfare of peoples. In this respect, the capitalist globalised economy has reduced the governability of Western European societies by individual sovereign states.

Third and finally, technological developments can trigger state development. In its most basic form, weapons of attack, defence and deterrence form a core element in a state's quest for the preservation of its sovereign power against external and internal threats. Technological developments, such as the pre-modern invention of gunpowder and the recent invention of nuclear arms, play a crucial role in state conflicts over a certain territory. The same goes for internal threats, such as separatist movements or more 'everyday' criminal behaviour: technologies of surveillance, criminal investigation and data analysis are core elements of the state appa-

⁹⁰ According to some authors, the Enlightenment movement, which first aimed to liberate mankind from ignorance, also has the potential for a new enslavement of man. This time man does not become the slave of tradition or nature, but of the fruits of his own reason: the capitalist market (Horkheimer & Adorno, 1944) and the 'iron cage' of bureaucracy (Weber, 1904/1905). In the end, the systems, which man has built with the aid of reason, are driven only by man's will for self-preservation (Horkheimer & Adorno, 2007:104). Man is reduced to a 'homo economicus', and follows sentiments of 'pain and pleasure' instead of moral guidelines. Following the argument in Horkheimer & Adorno's *Dialektik der Aufklärung* (1944), the struggle for self-preservation instead of the categorical imperative is the consequence of radical Enlightenment.

⁹¹ In contrast, the communist alternative for capitalism sought to incorporate the economy into the realm of the sovereign state.

ratus. Technological advancement generates new means for the effective exertion of state power or for the credible threat to do so: “Der Angelpunkt jeder Machtkontrolle in modernen Gesellschaften ist die Kontrolle technischen Handelns” (Popitz, 1992:181).

However, technology is not merely an instrument of the state. It is a more general instrument of man for the realisation of certain objectives. The rise of capitalism was not only a process of economical rationalisation and societal urbanisation, but also of *industrialisation*: the 18th century Industrial Revolution was in many ways a technological revolution. Technological advancements produce new challenges and new opportunities – consider, for instance, the demands of industrialised societies for a rational and efficient spatial planning, including infrastructural interventions in railroads and waterways (e.g. Van der Woud, 1987; 2006).

Contemporary western societies are not only characterised by industrialisation, but also by developments in communication and information technology, including mass media and the internet (Webster, 2006). The *mediatisation* of society refers to the increase in the use of technology in the mediation of the relation between man and his physical and social environment. This broad understanding of ‘media’ is based on McLuhan’s study *Understanding Media* (1964), in which he describes media as “the extensions of man”. These ‘extensions’ can take the form of an automobile (as the extension of feet and the activity of walking), but also the form of printed words, radio and television (as the extension of the mouth, the ears and the activity of talking). Through the use of these extensions, the world becomes ‘smaller’ and ‘decentralised’, since interaction between a greater number of people over longer distances and in a shorter time span becomes possible (cf. Castells, 1996). Especially in the current age of internet and social media, man is permanently globally ‘connected’ to multiple streams of information and interaction.

The mediatisation of society is not a ‘neutral’ process, but influences social relations and the relation between society and state in a number of ways. Media, in the broadest sense of the word, create new means for the state to exert power: public communication, surveillance techniques, data analysis and monitoring systems are typical expressions of a highly mediatised relation between state and society. The ‘eye of the state’ has many extensions to penetrate into society. Hence, Lyon speaks of a ‘surveillance state’ (2007) and Bannister of a ‘panoptic state’ (2005).

At the same time, the use of media is not limited to the state. For instance, mass media are not only the mouthpiece of politicians, but (at least in countries with a free press) they also have an important disciplining effect on politics. By the beginning of the 21st century, the ‘business’ of covering and ‘making’ news by

media corporations in printed press, television, radio and internet had turned into an important force of its own, dedicated to telling gripping stories, covering disasters and small, everyday life tragedies, and holding politicians accountable for their actions or lack thereof (e.g. Elchardus, 2002; RMO, 2003; Lloyd, 2004). Social reality is constructed before the eye of the camera (Gamson c.s., 1992).

The aforementioned description of mechanisms and triggers of state development is by no means exhaustive, but it does provide some insight into several important and well-documented characteristics of the contemporary state and developments of contemporary society. It is within this specific dynamic historical context that the preventive gaze emerges and makes its presumed impact on the state. In the concluding chapter of this study, which follows the empirical analysis, these mechanisms and triggers are revisited in order to show how the impact of the preventive gaze is an understandable development in the historical and spatial context of late-modern Western Europe.

3. RESEARCH DESIGN

"Just as a stuffed rabbit in a showcase does not reveal how he once found food, procreated, took fright at a fox or hopped around the forest, so a formal profile of a political system says little of its concrete workings in history. One can say: this is the mouth, here are the sexual organs, or these are the voters and there is the supreme court, but you will miss out on what pushes life forward and makes it interesting: time, the locomotive of renewal."

(Luuk van Middelaar, *De Passage naar Europa*, 2009)⁹²

1. Introduction

How to study the way the preventive gaze changes the state? Before tackling this methodological question, several remarks are in order about *the difficulty of studying the state*. The ontological status of the state is contested: "If inquirers confine themselves to observed phenomena, the behavior of kings, presidents, legislators, judges, sheriffs, assessors and all other public officials, surely a reasonable consensus is not difficult to attain. Contrast with this agreement the differences which exist as to the basis, nature, functions and justification of the state, and note the seemingly hopeless disagreement. If one asks not for an enumeration of facts, but for a definition of the state, one is plunged into controversy, into a medley of contradictory clamors" (Dewey, 1954:4).

The state cannot be physically touched or seen, and it cannot be reduced to a single person, single organisation or single institution; and likewise, nor to mere 'politics', 'government', 'bureaucracy' or 'policy'. However, as stated in the previous chapter, the state can be understood to constitute an idea, which fulfils an ontological function: "it is the entity that is presupposed for the purpose of gaining access to modern political reality" (Loughlin, 2009:6; cf. Pierson, 2004).

This contested ontological status of the state might lead some to conclude that the state is an archaic concept which should be abandoned as a research object. Instead of presupposing an entity such as the state, we should focus on the actual exertion of power in the business of politics, in policymaking, in policy implementation, in the influence of pressure groups, and so on (e.g. Van der Hoeven,

⁹² My translation, RP.

1958; Van Maarseveen, 1971; Abrams, 1977; Easton, 1981; Almond c.s., 1988). In this perspective, the notion of the state is the façade for underlying political practices and the exertion of power. Michel Foucault, for example, was not interested in issues of sovereignty, but in ‘the art of governing’ and ‘governmentality’ (Foucault, 1998; Pierson, 2004:4-5). And Abrams sees the state as an ‘ideological project’ (1988:76): an imaginary construction designed to justify the exertion of power and to conceal practices of domination.

We should not treat the state as a material object of study – here, other less elusive notions such as government, policymaking and policy implementation are epistemologically more appropriate. However, we should take conceptualisations of the state seriously (Abrams, 1988:75). An understanding of the state provides the conceptual coherence necessary to understand political reality and the way power is organised and exerted.

An understanding of the state on the one hand reduces the complexities and variances in the practices through which power is exerted, but on the other hand enables a better understanding of these practices by giving them an unambiguous means of expression (cf. Weber, 1988:190). For instance, the notion of the ‘welfare state’ captures the rationale behind specific forms of rule in post-war Western Europe, even though the idea of ‘welfare’ grossly simplifies the variety of the ways power is exerted.

An understanding of the state is based on empirical observations, but can at the same not be reduced to these empirical phenomena. Instead, a variety of empirical phenomena is tied together by a shared understanding about what the state is or what it should be – the same way other institutions such as the church or the university cannot be reduced to the people working there or to the buildings they occupy (cf. Douglas, 1986). At the same time, an image or an institution cannot ‘be’ without its visible appearances or embodiments, such as buildings, rituals, physical exertion of power, courts, policies, et cetera.

In the following research design, practices of governing, policymaking and implementation are the core objects of study. This study focuses on “that dimension of our history composed by the invention, contestation, operationalization and transformation of more or less rationalized schemes, programmes, techniques and devices which seek to shape conduct so as to achieve certain ends” (Rose, 1999:20). However, the analysis of these practices aims to draw inferences on the development of the state – on the underlying and overall characteristics of the way power is exerted by the institutions which make up or are associated with sovereign rule. Such an understanding of the state is more than a characterisation of a specific type of government. Instead, it aims to conceptually capture a structural and fundamental transformation (brought about by the preventive gaze) in

the way power is organised on both the level of definition power and intervention power. In more general terms, this study aims to theorise on “the ways in which certain aspects of the conduct of persons, individually or collectively, have come to be problematized at specific historical moments, the objects and concerns that appear here, and the forces, events or authorities that have rendered them problematic” (Rose, 1999:20-21).

2. Methodological approach

2.1. Research objectives and question

The research presented here has three basic objectives. The first is to describe state development, the second to understand state development in its specific spatial and temporal context, and the third to discuss the broader consequences of state development for the relation between state and society. In short, this study is aimed at a *diagnosis* rather than an explanation of the contemporary state.

The research intends to be *theory generating*. It does not aim to test or falsify existing theories of state development. Nor does it aim to pass judgement on the effectiveness of preventive interventions. The basic challenge for theory-generating research is not hypothesis testing, but building a new theory or hypothesis from empirical data (e.g. Eisenhardt, 1989). It emphasises ‘conjecture’ over ‘refutation’ (Popper, 1963). This implies a highly iterative research process. Empirical phenomena in the social world never fully ‘speak for themselves’ and can never be analysed from an ahistorical standpoint. In the words of Lakatos: “there are and can be no sensations unimpregnated by expectations” (1978:15).

This is not merely the ontological acknowledgement that full objectivity is unattainable and knowledge is essentially constructed, but also an acknowledgement of the fact that the social world is ‘epistemologically interpretive’ (Yanow, in Yanow & Schwartz-Shea, 2006:6). Interpretation does not imply the end of rationality. Rationality should be at the heart of an inquiry and the subsequent analysis. However, it does urge the researcher to lay bear the assumptions and steps which led him to his specific interpretation of social reality.

Before outlining the methodological approach and research design, we will shortly revisit the central research question set out in the introductory chapter. Based on a discussion of the transformative potential of the preventive gaze, the following question was formulated: *How can the impact of the increasing dominance of the preventive gaze on the contemporary Western European state be understood?*

Furthermore, two ‘sensitising’ (Blumer, 1954) presumptions were formulated with regard to the consequences of the increasing dominance of the preventive gaze. These presumptions aim to give guidance in the analysis of the development in range and depth of a state’s tasks and activities (Finer, 1997:63). With regard to range, *the preventive gaze is presumed to expand the range of state activities*. The logic of prevention is fundamentally different than the logic of the previously discussed historical appearances of the contemporary Western European state. Whereas the range of state activities in the constitutional state is determined by the reaction to infringements of the law, prevention implies an interest of the state in potential infringements. And whereas the range of state activities of

the welfare state is determined by the need to compensate for fate, prevention implies an interest on the part of the state in the determinants of undesirable future events or developments.

Regarding depth, *the preventive gaze is presumed to produce risk-oriented interventions in policymaking*. Neither the constitutional nor the welfare state is concerned with intervening in societal processes or citizen behaviour. The constitutional state has a reaction mechanism for unlawful behaviour and the welfare state has a compensation mechanism for unequal starting positions and for disease and unemployment. By contrast, prevention is aimed at the causes of unlawful behaviour and fate. These causes have the nature of risks, or chance of future harm. As a result, preventive interventions are justified on the basis of ‘possibility’ rather than ‘fact’.

2.2. Research methodology

A research design should fit the question at hand: “choosing a research model is not about deciding right from wrong, or truth from falsehood; instead, the goal should be to select an approach that is suitable for the task at hand” (Marvasti, 2004:8). A theory-generating inquiry into the impact of the preventive gaze on Western European state development requires a methodological approach which enables the researcher to study developments in depth, on multiple levels and over an extended period of time. And, since the emergence of prevention is a historical development, it requires a methodological approach which enables the researcher to study the prevention perspective within the context of specific spatial and temporal patterns in the exertion of state power. From these criteria, it follows that ‘*case study research*’ is an appropriate methodological approach. After all, “[t]he product of a good case study is *insight* [...]” (Gerring, 2007:7).

According to Yin, “[a] case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real life context, especially when the boundaries between phenomenon and context are not clearly evident” (2009:18). A case, then, is “[...] a spatially delimited phenomenon (a unit) observed at a single point in time or over some period of time” (Gerring, 2007:19).

A case study research design should take the criteria of *validity* and *reliability* into account (e.g. Yin, 2009:40). However, the interpretative nature and theory-generating purpose of this study should lead the researcher to be cautious when speaking of validity and reliability. Full validity – isolating prevention as the dominant explanatory factor for state development – is unattainable for this study: plausible causal mechanisms instead of statistically determined causal effects are identified (Gerring, 2007:44). This study also falls short of full reliability – in terms of reproducibility of the research activities – because of the highly per-

sonal and iterative process of interpretation (e.g. Yanow, 2000; Gerring, 2007:71). This does not imply that the criteria of validity and reliability are unusable, but does lead to the recognition that they should be understood as *guidelines for a sound and convincing argument*.

A strategy for building theories from case study research was proposed by Eisenhardt (1989). The eight steps she distinguishes represent the research process followed in this study. The core elements of this process are: 1) the formulation of a research question without a fixed theory or testable hypotheses in order to retain theoretical flexibility; 2) the selection of theoretically useful cases; 3) triangulation or choosing multiple data collection methods; 4) flexible data collection to take advantage of emergent themes; 5) comparing the empirical findings in the selected cases in order to identify similar patterns; 6) developing hypotheses or theoretical constructs from the data; 7) contextualising empirical findings and theoretical constructs by analysing existing literature; and 8) iteratively going back and forth between data and constructs until theoretical saturation has been reached.

The final element makes it clear that these eight steps are not a linear process, but are subject to constant reflection and adjustment as the processes of data collection and analysis proceed. Deskwork and fieldwork often overlap in a researcher's efforts to make sense of the data (Yanow, 2000:84-86). Therefore, Yanow (2000:84) stresses the importance of 'iterative loops' to allow for the formulation of a rich and simultaneously structured set of empirical findings.

Interpretation of the data is an unalienable element in this process. Empirical data do not speak for themselves, but require a researcher's analysis. Instead of accepting the positivistic assumption of gathering knowledge through pure, objective and verifiable sensory experience, the assumption here is that an investigation into social phenomena always requires careful consideration of the possible 'meanings' people – including politicians and policymakers, but certainly the researcher as well – attach to them (Yanow, 2000). For instance, the nature of policy problems is inherently contested: what qualifies as a problem is not reducible to objective knowledge, but is determined by political, subjective and normative interpretations of reality. Making these subjective human meanings and judgements explicit is, given the criterion of reliability, a crucial element in the analysis and presentation of the empirical findings.

3. Research strategy

3.1. Case selection

When aiming to make inferences about the impact of prevention on the image of the state, the research should follow the introduction of the preventive gaze in government. And when aiming to make inferences about state development, the research should take into account both the range and the depth of a state's tasks and activities (Finer, 1997:63). It should furthermore take into account both the paternalistic and the maternalistic sphere of state intervention, since these are presumed to cover the entire repertoire of the modern state.

A sphere of state intervention is an ideal-typical model to describe the unity between a state's *definition power* and a state's *intervention power*. These two types of power are closely related to what Finer understands as the range and depth of state activities (1997:63). A state's definition power is the capability of a sovereign state to determine the range of its own role and responsibility, as well as the range of politically relevant societal phenomena. A state's intervention power is the capability of a sovereign state to determine the nature of state interventions as well as the depth to which state power penetrates in society.

Two spheres of state intervention have been distinguished: a *paternalistic sphere*, which is characterised by values of order and obedience, and by the objective to discipline the free will, and a *maternalistic sphere*, which is characterised by values of emancipation and care and by the objective to compensate, 'treat' or 'domesticate' fate (De Mul, 2006). These two spheres form the ideal types from which the nature of the actual exertion of state power can be understood.

Following these theoretical notions, a first criterion for the research design is the possibility to study state development in both the paternalistic and the maternalistic sphere of state development. This implies opting for a *multiple case study*. Two or more cases enable the researcher to show comparative patterns in empirical data (e.g. Yin, 2009:60; Gerring, 2007:27). This increases external validity and generalisation of the empirical findings, which is especially useful for theory-generating studies. The cases should be representative or 'typical' for each sphere of state intervention, but polar or 'diverse' in terms of a distinction between their paternalistic and maternalistic characteristics (cf. Gerring, 2007:91-101).

A second criterion for the research design is a focus on coherent patterns of state activities. These patterns should not only be representative for the two spheres of state intervention, but should also enable an inquiry into both the state's definition power and intervention power. State power can be exerted in many forms, but is relatively stable and coherent if it is exerted through *policy*. Moreover, poli-

cymaking concerns decisions on both the range and depth of state interventions. By taking policies or policy domains as research cases, both elements of the two spheres of state intervention can be studied in relation to each other.

A third criterion is the probability of the preventive gaze being a core element in these coherent patterns of state activities. Instead of statistical or random sampling, which is common in a hypothetical-deductive research approach, a more iterative approach favours ‘theoretical sampling’: “[...] the goal of theoretical sampling is to choose cases which are likely to replicate or extend the emergent theory” (Eisenhardt, 1989:537).

Based on this and the previous criterion, *crime policy* and *public health policy* are selected as appropriate policy domains. Crime policy is representative for the paternalistic sphere, since it includes activities of law enforcement and administration of justice. Moreover, prevention is a well-documented strategy in efforts to control crime (e.g. Van Dijk c.s., 2009). Public health policy is representative for the maternalistic sphere, since it includes activities of health care and promotion of healthy living circumstances. Moreover, disease prevention is a central pillar of public health (e.g. Mackenbach & Van der Maas, 2008).⁹³

A fourth criterion is a temporal focus able to allow a historical reconstruction of state activities from the moment prevention was first introduced. Since this study is concerned with state development, a study that looks only at the state’s present-day definition and intervention power would be insufficient. Instead, the case study should enable a *longitudinal analysis* of state development and the role of prevention therein. Developments in crime policy and public health policy should be traced back to the time when prevention entered policy formulation. The specific temporal selection is discussed in the introductory remarks for both case

⁹³ There are not many alternative policy domains available for the paternalistic sphere. One possibility might be anti-terrorism policies, but these can be said to focus on a specialised domain of the broader crime policy domain. Another paternalistic policy domain is national defence policy, but this focuses on external threats instead of interventions within society.

In contrast, several other maternalistic policy domains have been considered, such as housing policy, welfare policy, education policy, social security policy and youth policy. Several of these did not pass muster, because it was not immediately evident that prevention played a major role in these domains, such as housing policy, social security and education policy. These domains tend to focus on regulation and on the provision of services and not on the prevention of social ills. Other policy domains were not selected because they form less of a coherent pattern of activities than public health policy. Welfare policy and youth policy may both be suitable in terms of prevention, but are not necessarily well-defined or historically stable policy domains.

studies, but both are roughly concerned with the period from the early 1980's onwards.⁹⁴

And a fifth criterion for the research design is a spatial focus on one or more states. Since the objective is to study Western European state development, the case selection should be representative for the specific historical trajectories in this part of the world. Ideally, two or more states should be selected, since this strengthens the external validity and generalisation of the research findings and analysis (Yin, 2009:60; Gerring, 2007:27). However, practical time constraints have necessitated the case selections to be limited to one state only.

The two selected policy domains are studied in the *Dutch context*. Even though the Netherlands has its own distinctive (political) culture, traditions and structures,⁹⁵ it is at the same time very much at the heart of Western European state development: it has been a sovereign state since 1648 (with two short periods of occupation), it has a longstanding constitutional tradition (Zouridis, 2009:124), and is a typical example of a welfare state (Schuyt c.s., 1986). Even though this research focuses on the Dutch case, there are strong indications that prevention also plays a dominant role in the government of other Western European countries, such as Germany and the United Kingdom (e.g. Garland, 2001; Krasmann, 2007; Huster & Rudolph, 2008; Boutellier, 2011:87): "[in] many respects crime prevention in the Low Countries resembles that in other western countries" (Van Dijk & De Waard, in Crawford, 2009:130).

An in-depth analysis of developments in one state enables a more general theory of Western European state development to be built (e.g. Eisenhardt, 1989). The structure of this study is – in methodological terms – as follows: chapters one and two are theoretical chapters and they have a Western European focus. They

⁹⁴ This period is debatable for public health policy. Even though crime prevention also has its antecedents, the origins of prevention in public health can be traced back to the late 19th century. Important preventive measures in public hygiene (such as the introduction of sewerage systems) date from this period. However, the early 1980's marked an important transformation in public health policy. Attention shifted from mere protection against external, epidemiological threats to the prevention of lifestyle diseases. This transformation is taken as the starting point for the analysis. See the introductory paragraph of the chapter on public health policy for a further discussion of this selection.

⁹⁵ For instance, the pragmatic Dutch political culture and tradition of 'loyal' citizenship (Verhoeven, in Verhoeven & Ham, 2010:179), instead of the tradition of 'dissent' seen in the US (Kennedy, in Verhoeven & Ham, 2010:211-223), might lead to a very specific social acceptance of state interventions. Also, Dutch culture is sometimes characterised as highly 'feminine', which might explain a tendency towards prevention instead of a more masculine repression (Hofstede, 1980). Moreover, the 16th and 17th century process of state formation in the (northern) Netherlands coincided, among other things, with the development of collective action to prevent floods, which had especially plagued the Low Countries in the 16th century (Schama, 2006:48). To some extent, prevention and state formation are intertwined in the Dutch case.

are followed by two empirical chapters from one state, on the basis of which the theory on Western European state development – as presented in the second chapter – is expanded on in the concluding chapter.

3.2. Data collection

In order to reach a plausible and convincing argument, several issues regarding data collection, data analysis and data presentation needed to be tackled. In terms of data collection, the basic question involved determining which empirical evidence was required to make plausible inferences on state development and the role of prevention therein. As the above remarks make clear, the empirical data should enable an inquiry into the long-term development of definition power and intervention power of the Dutch state in the crime policy and public health policy domains.

3.2.1. Definition power

With regard to definition power, the two policy domains have a primarily national governmental tradition. *National government* can be considered to be the primary actor in determining the range of state interventions in crime and public health policy. Even though municipalities have a crucial role in policymaking, the Dutch state's definition power is most explicitly visible in policy considerations on the level where sovereign power is predominantly concentrated.

Furthermore, the data collection should enable a historical overview of policymaking. A genealogy of crime policy and public health policy should cover the period from the moment when prevention was first introduced up to the present. Official *policy memoranda* are the most obvious source of evidence for such a historical inquiry. The genealogy of Dutch crime policy and public health policy is reconstructed through the analysis of important national government policy memoranda, annually held Queen's speeches,⁹⁶ Government Declarations of Policy on Taking Office⁹⁷ and coalition agreements⁹⁸ from, roughly, the last thirty years.⁹⁹

Relevant policy memoranda have been selected in two phases. First, available secondary literature was studied to identify the most important memoranda

⁹⁶ In Dutch: 'troonredes'. References to quotations in the case descriptions are abbreviated as 'QS', followed by the year of proclamation.

⁹⁷ In Dutch: 'regeringsverklaringen'. References to quotations in the case descriptions are abbreviated as 'GD', followed by the year of proclamation and page number.

⁹⁸ In Dutch: 'regeerakkoorden'. References to quotations in the case descriptions are abbreviated as 'CA', followed by the year of publication and page number.

⁹⁹ A more specific account of this time span is discussed in the individual case descriptions.

in the general development of the two policy domains.¹⁰⁰ Second, several complementary memoranda were selected on the basis of an explicit or implicit reference in a previously selected policy memorandum.

Contrary to interviews, which may also be used for historical inquiries, written words do not depend on the memories of individual persons, nor are they influenced by the reflexivity of the research object. Reflexivity is a specific characteristic of the research objects in social science. Social phenomena can only to a very limited extent be studied by means of experiments. Instead, social science research often implies an intervention by the researcher in his object of study or an interaction between the researcher and his object of study. As a result, the research object 'talks back' to the researcher – an individual is aware of the fact that he or she is the object of study and may therefore, consciously or unconsciously, adapt his or her behaviour. Written words, however, do not 'talk back' and are therefore a fairly objective source of data collection (cf. Segers & Hagenaars, 1980).¹⁰¹

However, the use of 'objective' empirical data cannot rule out a researcher's own bias in the analysis of the data. Therefore, the two case descriptions were commented on by experts in the field of crime policy (drs. Bert Berghuis, chief policy adviser at the Dutch Ministry of Security and Justice) and public health policy (dr. Harry Nijhuis, currently strategic development officer at the Municipality of The Hague, and formerly extraordinary professor of Big Cities and Health Care at the University of Amsterdam).

Furthermore, it should be acknowledged that a focus on documents for the historical policy analysis (or policy genealogy) excludes potential relevant historical policy practices. Even if prevention was to a certain point in time absent from explicit policymaking, this does not necessarily imply that prevention was also absent from the exertion of state power altogether. In fact, we know from a broad body of literature of the existence of preventive antecedents. Preventive practices have characterised public health since its very emergence in the late 19th century, such as the construction of a water and sewerage system (e.g. Mackenbach & Van der Maas, 2008). And antecedents in the realm of crime policy (e.g. Foucault, 1975) include preventive elements inherent to police patrols

¹⁰⁰ See Boot & Knapen (2005:207-280) for public health policy and De Haan (1997), Van Ruller (1999), Muller (2004), Boutellier (2005:236) and Van den Brink (2006:19-20) for crime policy.

¹⁰¹ However, written words are still the product of human construction and can therefore never be studied outside their historical context. The specific characteristics of the research objects of social science still apply, which can be contrasted with the research objects of natural sciences by drawing a "[...] distinction between facts which condition human activity and facts which are conditioned by human activity" (Dewey, 1954:7).

(Zedner, 2007:264), the functions, next to retribution, of incapacitation and deterrence inherent to criminal punishment (e.g. Franken c.s., 1999:442-443; Tebbit, 2000:165), as well as a late 16th century correctional facility in the city of Amsterdam (the 'Rasphuis'), which aimed 'to tame what men fear' (Schama, 2006:28).¹⁰²

3.2.2. Intervention power

With regard to intervention power, an analysis of the aforementioned documents at the level of Dutch national government is a necessity, but also insufficient. On the one hand, policy memoranda, Queen's speeches, government declarations and coalition agreements offer insight into the statements of intent regarding the exertion of state power. On the other hand, statements of intent do not necessarily fully correspond with the actual exertion of state power. A large body of public policy and administration research has shown that policy formulation and policy implementation are not necessarily fully consistent (e.g. Kaufman, 1960; Pressman & Wildavsky, 1973; Lipsky, 1980). Therefore, additional data has been collected directly at the local level of policy practices.

These policy practices are examples of present-day state activities and as such do not contribute to an analysis of the historical development of intervention power. These practices are not necessarily representative of all policy implementation activities in Dutch municipalities. Instead, they have been selected on the probability of the preventive gaze being a core element in the exertion of state power.

The methodological status (or function) of the selected policy practices is twofold. First, they serve as a check on the statements of intent by national government: if the characteristics of the selected policy practices coincide with the characteristics of the statements of intent, this supports the status of the latter as a valid representation of the Dutch state's intervention power. And second, the selected practices offer a complementary insight in the actual exertion of state power. Whereas statements of intent offer a broad understanding of intervention power, the policy practices offer in-depth insight. The inferences made on the impact of the preventive gaze on the Western European state in the concluding

¹⁰² The complete slogan on the entrance gate to the 'Rasphuis' is: "Virtutis est domare quae cuncti pavent" (Schama, 2006:28). This roughly translates as 'it is a virtue to tame what all fear'. Even though the measures to discipline instead of merely punish criminals in the 'Rasphuis' were crude and largely failed to have the originally intended effect, they do express an early example of a different way of thinking about crime and punishment.

This is clearly voiced in a 1607 writing by Dutch poet P.C. Hooft, who in one of his works lets an employee of the 'Rashuis' declare: "Schrik niet [...], ik week geen quaat maar dwing tot goet. Straf is mijn hant maar lieflyk myn gemoet" (Schama, 2006:28). This roughly translates as: 'do not fear, for I do not avenge evil but impel the doing of good. Punishment is my hand but mild is my soul'.

chapter of this study are solely based on the two policy genealogies and not on the three policy practices.

The policy practices have been selected according to ‘theoretical sampling’ (e.g. Eisenhardt, 1989:537), that is, on the probability of the preventive gaze being a core element in the exertion of state power. Another selection criterion was a certain volume and importance: the practices could not consist of isolated activities, but were to be part of a broader set of activities with a considerable range and size. Based on these criteria, the following three practices have been selected – two for the crime policy case and one for the public health policy case:¹⁰³

- Crime prevention in the city of Rotterdam: Rotterdam’s municipal crime policy is known in the Netherlands for its innovative, comprehensive and decisive approach (e.g. Tops, 2007). Prevention is an important element in this approach. Activities with regard to crime prevention in the public domain in Rotterdam-South were studied between September and December 2011.
- Care and Security House¹⁰⁴ in the city of Tilburg: in 2002, Tilburg was the first Dutch city to establish a so called Security House, a location where various organisations (such as the police, municipality, public prosecutor, compulsory education bureau, and youth care) cooperate to develop personalised approaches for criminals and risk adolescents. In 2009, there were 45 of these Security Houses in the Netherlands. The various activities in and around the Care and Security House in Tilburg were studied between March and June 2011.
- The programme ‘Healthy Together’¹⁰⁵ in the city of The Hague: the implementation of public health policy is often characterised by fragmentation, since the various activities are carried out by a large number of welfare organisations, schools, general practitioners and other organisations or professionals. The programme ‘Healthy Together’, developed by the city of The Hague, is an example of a more coordinated approach to local public health issues. The activities in the programme ‘Healthy Together’ were studied between June and November 2011.

¹⁰³ The Care and Security House focuses on personalised approaches of crime, whereas crime prevention in the city of Rotterdam focuses on territorial approaches. The programme ‘Healthy Together’ combines personalised and territorial approaches. This is the reason only one practice is selected for the public health policy case, whereas two are selected for the crime policy case.

¹⁰⁴ In Dutch: Zorg- en Veiligheidshuis.

¹⁰⁵ In Dutch: ‘Samen Gezond’.

Three strategies were used for the data collection in these three policy practices. First, semi-structured *interviews* were held with employees or officials directly involved with the organisation or execution of measures and interventions. Second, *direct observation* of activities was employed as much as possible. And third, additional *documentation* on the general outline of the various activities and their municipal policy context was studied.¹⁰⁶

Management representatives of the three practices played a crucial role in the research. The research was conducted with their prior consent, they were consulted about the selection of the interviewees and the activities for direct observation, they checked the description of the empirical findings, and they granted consent for the publication of the findings.¹⁰⁷

3.3. Data analysis

The basic question for the actual analysis of the empirical data was how to identify state development and the role of prevention therein. Based on previous considerations, this required an understanding of what determines a state's definition power and intervention power, and an interpretation of what prevention means in the context of crime policy and public health policy. To start with the former requirement, several elements of definition power and intervention power can be distinguished.

In this study, the nature of a state's *definition power* is viewed as being composed of the following three elements:

- *Problem definition*: the state determines what qualifies as a policy problem and what the nature of this problem is
- *Policy objectives*: the state determines the goals it wants to achieve through policymaking
- *State responsibility*: the state determines the boundaries of its own responsibility or task, and thereby also determines what is left for society and individual citizens to deal with

¹⁰⁶ A more specific account of the observations, conversations and documentation for each selected practice is included in the presentation of references in an appendix of this study.

¹⁰⁷ The following management representatives were involved in the three selected practices:

- Crime prevention in Rotterdam: Emile Goyvaerts, coordinator/manager at the city district Charlois
- Care and Security House Tilburg: Frans Swinkels (manager of the security policy unit municipality of Tilburg), Remco Jansen (programme manager 'Security' municipality of Tilburg), Sandra Timmermans (manager Care and Security House) and John Wauben (manager Care and Security House)
- 'Healthy Together' The Hague: Erik Ruland (programme manager Healthy Together), Annette de Graaf (health broker municipality of The Hague) and José Loof (health broker municipality of The Hague)

And the nature of a state's *intervention power* is understood to be composed of the following three elements:

- *Organisation*: the state determines the organisation of the intervention repertoire necessary for the realisation of policy objectives
- *Objects of intervention*: the state determines the relevant points of application for its interventions
- *Techniques and instruments*: the state determines what tools and techniques it applies for the realisation of policy objectives

These six elements form the core of the analysis of official government memoranda on crime policy and public health policy. Developments in all six of these elements are indications of state development. The genealogies of the two selected policy domains are based on the words used by government itself to describe its definition power and intervention power. The three contemporary policy practices focus on the analysis of intervention power – definition power is only relevant here in so far as it is necessary to describe the local policy context in which interventions take place.

The *identification of prevention* in the developments of a state's definition and intervention power is largely a matter of interpretation. Three guidelines for this interpretation have been followed. The first of these is the definition of prevention which was presented in the introductory chapter of this research: intentionally taking measures with the objective to avoid certain future events or to avert certain future developments. This broad definition rules out reactive measures and measures with an unintended or unanticipated preventive effect.

Specific conceptualisations of prevention in both criminological and public health research form a second guideline. In each field, three forms of prevention are distinguished: primary prevention is the aversion of undesirable phenomena, secondary prevention is the early detection of and early intervention in manifestations of undesirable phenomena, and tertiary prevention is the mitigation of the negative effects of undesirable phenomena which have already manifested themselves. These conceptualisations are discussed in more detail in the introduction to each case description.

A third guideline for the identification of prevention is formed by the words used by government, local authorities and professionals involved in policy implementation. Many of the analysed memoranda deal explicitly with prevention, but at the same time do not distinguish between the scientifically defined forms of primary, secondary and tertiary prevention. Since the actual words of government and professionals involved in policy practices form the basis of the

case descriptions, their explicit references to prevention are not ‘forced’ into external conceptualisations. The case descriptions are primarily structured along the lines of government’s own problem definitions and policy objectives, and government’s own conceptualisations of prevention.

3.4. Data presentation

An important justification for theory building is the persuasiveness of the empirical analysis and of the subsequent composition and presentation of empirical findings. A ‘show don’t tell’-strategy is followed in the two case descriptions. Extensive quoting of source material – policy memoranda, interviews and additional documentation – enables the reader to reconstruct the analysis as much as possible given the interpretative nature of this study.¹⁰⁸

Both case descriptions have the following composition. First, an introductory paragraph outlines the general context of the policy domain. Special attention is given to conceptualisations of prevention in criminological and public health research, and to the specific Dutch characteristics of the two policy domains. A more general outline of the Dutch political context is presented in an appendix to this study.

The policy genealogy follows the introductory paragraph. Since this is the most important source of evidence for the impact of the preventive gaze on the state, each genealogy is extensively discussed according to a chronological structure. For both the crime policy case and the public health policy case, several periods of development in definition power and intervention power are discerned. This division into separate time spans, which is discussed in more detail in each case description, allows new elements and crucial developments to be highlighted amidst the continuities.

The third part of each case consists of a description of policy practices. The structure of these descriptions is determined by the identification of different types of preventive interventions and activities. As said above, these local practices are not necessarily representative of policy implementation in general. Instead, their methodological function is to support the validity of government’s statements of intent on policy implementation in the various selected documents.

¹⁰⁸ The quotations have been translated from Dutch to English by the author (RP).

4. PREVENTION IN CRIME POLICY

“Verletzungsmächtigkeit, Verletzungs-Offenheit bestimmen wesentlich mit, was wir in einem fundamentalen Sinne ‘Vergesellschaftung’ nennen. Die Sorge, Furcht, Angst voreinander ist als ein Modus des Vergesellschaftet-Seins niemals ganz wegzudenken. Zusammenleben heißt stets auch sich fürchten und sich schützen.”

(Heinrich Popitz, *Phänomene der Macht*, 1992)

1. Introduction

1.1. Crime, criminology and crime prevention

Crime is a social construct. It is citizen behaviour defined as such by a sovereign state. Formally speaking, the state ‘produces’ criminal behaviour by determining the rules of conduct for a population. Criminal behaviour is a form of deviance from a shared social norm: *“social groups create deviance by making rules whose infraction creates deviance*, and by applying these rules to particular people and labelling them as outsiders. From this point of view, deviance is *not* a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an ‘offender’. The deviant is one to whom that label has been successfully applied; deviant behavior is behavior that people so label” (Becker, 1973:9).

Crime is a necessary by-product of the sovereign state: the very establishment of a state as a society’s ultimate arbiter implies that certain behaviour by the population becomes unacceptable. This is behaviour that threatens the very preservation of the state, and, following Hobbes’s ‘covenant’, which created the Leviathan, behaviour that threatens the basic security of other inhabitants. Under sovereign rule, punishment as a reaction to an infringement of basic societal norms is transferred from the hands of individual citizens into the hands of the state, thereby transforming private punishment into illegal vigilantism.

Every society has its behavioural norms and many have some sort of legal code – an early example being the Babylonian Code of Hammurabi of roughly 1780 BC. The specific characteristics of these norms in a constitutional state are legality, equality and humanity (Franken c.s., 1999:42-45). In other words: the norms are codified, are equally applicable to all citizens, and are not characterised by a ‘lex talionis’ or an ‘eye for an eye’ system of corporal punishment. The ontological basis for the contemporary constitutional state is the idea of the rational

individual, who can be held responsible for his own actions. As such, the constitutional state does not aim to understand or explain crime. Instead, it is only interested in the attribution of individual guilt ('mens rea') (e.g. Tebbit, 2000:129).

Whereas legal codes and punishment by sovereign rule date back several millennia, the study of criminal behaviour and its societal reactions only emerged in the 19th century (Van Dijk c.s., 2009:16), and can be understood as part of a broader 'discovery of the social' (Donzelot, 1984). According to the social sciences – psychology, sociology and criminology – the 'social' should be seen as a crucial entity in our quest to understand human behaviour. This emphasis on understanding criminal behaviour as a social phenomenon is an important precondition for the eventual development of preventive instead of mere reactive or punitive state activities.

In the classical 18th century utilitarian school of criminology, scholars such as Jeremy Bentham and Cesare Beccaria did not yet view crime as a social phenomenon, but rather as the result of deliberate action by a rational and calculating human being. According to this view, an effective punitive reaction to crime by the state should emphasise deterrence. If criminal behaviour is the result of a rational trade-off between 'pain and pleasure', an increase in the potential amount of 'pain' should persuade rational man to show law-abiding behaviour. In that case, the objective benefits of law-abiding behaviour outweigh those of deviant behaviour.

However, from the 19th century onwards, criminology became interested in determining the causes of criminal behaviour through empirical inquiries, instead of ontological constructs of rational man. Various schools and theories have been developed since, several of which are discussed in the following. A first criminological strand focuses on a delinquent's physiological traits. Cesare Lombroso suggested in his *L'Uomo Delinquente* (1876) that certain physiological traits, such as disproportional cheekbones or a low forehead, were important indicators of delinquent behaviour (e.g. Gibson, 2002). A contemporary equivalent of this biological school is the study of delinquents' genetic characteristics.

Contrary to this physiological explanation is the strand of criminological thought that focuses on psychological explanations, i.e., not the human body, but the human mind becomes the object of study. Delinquent behaviour is understood to result from a particular psychological development or certain psychological characteristics. This school in criminology includes learning psychology, developmental psychology, social psychology and personality disorders. Freudian insights are important in this respect, as well as theories on the relation between personality traits (or temperaments) and criminal behaviour (Eysenck, 1964), and on the relation between 'nurture' and 'nature' (e.g. Harris, 1998).

Other strands of thought do not focus on individual characteristics of delinquents, but on the social structures in which delinquents live, such as delinquent subcultures (e.g. Cloward & Ohlin, 1960), or on the demographical and architectural characteristics of certain neighbourhoods (e.g. Shaw & MacKay, 1942), and the level of social disorganisation in highly urbanised environments (e.g. Sampson & Laub, 1993). Another variant of this school of thought is the focus on the 'strain' between what a society expects of its citizens on the one hand (such as success, productivity and welfare) and actual means available to citizens to meet these social pressures on the other hand (Merton, 1949). Social and economic inequalities and the legal means available to citizens to overcome these are seen as important determinants of crime in this respect.

A final strand of criminology theory to be discussed here stresses the way social judgements and labels form the identity of 'the criminal'. Labelling a person as a criminal can turn into a self-fulfilling prophecy, can socially stigmatise an individual, or can lead to a specific treatment of certain population groups (e.g. Becker, 1963). For instance, cultural minorities might become socially associated with criminal behaviour, or the labelling of certain types of criminals as 'habitual offenders' might justify a different policy approach to the individuals who fit this label.

The study of the causes of criminal behaviour from the mid-19th century onward implies the introduction of a causal scheme between criminal acts and preceding explanatory variables. Unravelling the causes of crime is a necessary first step towards intervening on these causes. In a way, prevention is already latently present in the objectives of modern criminology.

According to the Guidelines for the Prevention of Crime, drawn up by the UN Commission on Crime Prevention and Criminal Justice in 2002, crime prevention is the aggregate of "strategies and measures that seek to reduce the risk of crime occurring, and their potential harmful effects on individuals and society, including fear of crime, by intervening to influence their multiple causes. The enforcement of laws, sentences and corrections, while also performing preventive functions, falls outside the scope of the Guidelines" (cited in Van Dijk c.s., 2009:169). As a consequence, the "defining characteristic of prevention is [...] the interventions in certain processes before a crime has been committed" (Van Dijk c.s., 2009:169). Seen from the perspective of prevention, the administration of justice is mere 'symptom control' (Van Dijk c.s., 2009:170).¹⁰⁹

¹⁰⁹ Besides retribution, the judicial reaction of punishment also serves preventive objectives. Deterrence and incapacitation have long constituted important functions of punitive measures (e.g. Franken c.s., 1999:442-443; Tebbit, 2000:165). However, what sets crime prevention apart from these presumed preventive effects of penalising certain behaviour is, first, its focus on

Crime prevention is directed at the *risk factors* for criminal behaviour. These factors can refer to the underlying causes of crime, but also to 'damage control' or putting a stop to criminal behaviour in cases where these causes cannot be fully taken away. Important risk factors according to current international criminological insights include age composition, the degree of urbanisation and affluence of a society. Young men are by far the most 'active' criminals. Highly urbanised environments are vulnerable to crime. And affluence coincides with a broad circulation of commodities such as cars and bicycles, which can be vandalised or stolen. Important risk factors specifically for crimes of violence are conditions of economic deprivation among young men, gender inequality, alcohol abuse and the availability of guns (Van Dijk, 2008:91-212).

Following Van Dijk c.s. (2009:174-176), three different types and three different strategies of crime prevention can be distinguished. The three types of crime prevention refer to the object of intervention. This can be offender-specific (such as potential criminals or habitual offenders), situation-specific (such as disadvantaged neighbourhoods or other places with an increased risk of crime) or victim-specific prevention (such as people with a hazardous occupation or people with property vulnerable to theft or vandalism).

The three strategies of crime prevention refer to the nature of intervention. Primary prevention refers to the aversion of criminal behaviour in general, usually by means of collective interventions. Secondary prevention is the early detection of problematic behaviour to prevent continuation or worsening of the problem. And tertiary prevention aims to reduce the negative consequences of problems that have already occurred. Whereas primary prevention is usually directed at the population level, secondary and tertiary prevention are directed at specifically identified places (such as neighbourhoods) or specifically identified people (such as habitual offenders).

These distinctions between various types and strategies of crime prevention lead to a broad repertoire of potential interventions, including (Van Dijk c.s., 2009:176-192):¹¹⁰

- Primary offender-specific prevention: information on alcohol abuse in traffic or general welfare policy;
- Secondary offender-specific prevention: support for at-risk adolescents and early interventions in problem families;

possible future criminal behaviour instead of the single committed crime at hand, and second, the transformation of punishment from being the archetypal reaction to being one of many possible strategies.

¹¹⁰ For a broader overview of examples of preventive measures see Van Dijk & De Waard, in Crawford, 2009:137-138.

- Tertiary offender-specific prevention: probation work and prevention of recidivism;
- Primary situation-specific prevention: improvement of technical prevention (locks et cetera), traffic regulations, design of the built-up environment and functional surveillance;
- Secondary situation-specific prevention: same as primary situation-specific prevention, but directed at places or neighbourhoods with increased crime risks;
- Tertiary situation-specific prevention: surveillance and regulations for very specific known problem areas, such as bar districts or public transport;
- Primary victim-specific prevention: information on means to prevent burglary, bicycle theft and vandalism (target hardening);
- Secondary victim-specific prevention: information and education for people with hazardous occupations or for vulnerable groups such as the elderly;
- Tertiary victim-specific prevention: prevention of repeated victimisation and victim services.

1.2. Prevention and Dutch crime policy

Forms of crime prevention by public authorities have early historical precedents, such as the closing of town-gates at night in medieval times. Moreover, crime prevention is not limited to state activities – consider, for instance, societal practices to protect property of installing locks on doors, and constructing walls and fences around private premises. However, from roughly the 1970s onwards, *political attention for crime as a societal phenomenon* arose in Western European countries, such as Germany, England, Belgium and the Netherlands (Van Dijk c.s., 2009:169; Garland, 2001). Two important characteristics of Dutch crime policy since 1985 are highlighted in the following – both are discussed in more detail in the genealogy of crime policy.

A first crucial element is the *preventive turn* made by the Dutch national government in 1985. The first crime policy memorandum published by the Dutch government in 1985 had the telling title *Society and Crime*.¹¹¹ This was the birth of what was to become structural attention in Dutch politics for crime prevention through interventions in societal processes and in the places where crime occurs (Van Dijk c.s., 2009:196). Before 1985, crime policy in the Netherlands was limited to gathering crime statistics, managing the capacity of the police, public

¹¹¹ In Dutch: *Samenleving en Criminaliteit*; TK 1984-1985, 18995/2.

prosecutor, courts and custodial institutions, and setting priorities in police tasks and law enforcement: “The activities of the judicial system were directed at arresting and judging the largest possible number of criminals” (Van Ruller, 1999:19; my translation, RP). Up to 1985, crime policy had been the nearly autonomous domain of the police and the justice authorities, and hence was characterised by a judicial approach (SCP, 2008:36). However, public and politicians became increasingly dissatisfied with this approach to crime in the years prior to the publication of the *Society and Crime* memorandum (Brizée, 1985).

Crucial in this preventive turn was the construction of an analytical distinction between ‘serious’ crimes and petty crimes, such as vandalism, bicycle theft and shoplifting (Christophe & Clement, 1988:23). Preventive strategies were specifically directed at the category of petty crime, which had grown explosively since the 1960s: the Dutch police registered 130.000 crimes in 1960 and over 1.000.000 in 1984.¹¹² Moreover, the number of unsolved crimes mounted considerably. According to government, merely expanding the capacity of the police, public prosecutor and judiciary would be insufficient to reduce crime levels. Instead, crime prevention was introduced as a complementary strategy. After 1985, crime levels continued to rise, albeit more slowly than the years before. Recent years have seen a decrease in crime levels, with the exception of crimes of violence (Van Dijk c.s., 2009:40).

A second crucial element in Dutch crime policy emerged during the 1990s: ‘security’ gradually became the dominant notion in the government response to undesirable societal phenomena (e.g. Muller, 2004). Security implies more than the absence of crime. It refers to a certain status or characteristic of social life, whereas crime refers to individual acts. More so than crime, the notion of security is related to situations or accidents that affect people in their daily lives (Muller, in Huisman, 2006:138). In the 1999 *Integral Security Programme*,¹¹³ the Dutch government defines security “[...] as the presence of a certain order and peace in the public domain and as the protection of life, health and property against acute or potential infractions” (ISP, 1999:9).

According to Boutellier, this broad notion of security serves as a ‘semantic dragnet’ (Boutellier, 2002), which incorporates not only crime, but also terrorist

¹¹² Although the rise in crime levels cannot solely be attributed to a rise in crime. For the Dutch case, Van den Brink (2006:20) mentions contributive effects of increased police efforts, improved registration of crime, an increased willingness of citizens to report crimes, increased media attention for crime and insecurity, and increased norms with regard to the quality of the public domain.

¹¹³ In Dutch: *Integraal Veiligheidsprogramma*; TK 1998-1999, 26604/1. References to quotations in the text are abbreviated as ‘ISP, 1999’, followed by the page number.

threats, nuisance in the public domain and the deterioration of living environments. Moreover, security is a subjective notion. Unlike the legally defined notion of crime, security also includes subjective feelings of insecurity: if citizens perceive a situation as being insecure, the situation *is* insecure in terms of policy consequences. Subjective feelings of insecurity, next to objective crime figures, became an important indicator for the state of security in the Netherlands (e.g. Huisman c.s., 2006:2).

The *paradigm shift from crime to security* has broadened the potential range of state activities. More specifically, 'security' and 'prevention' share an important characteristic: both notions are boundless and can be applied to a potentially infinite number of phenomena and developments. Moreover, both notions are closely connected. First of all, security implies, at the very least, the absence of crime, which is also the objective of crime prevention. Furthermore, prevention is not necessarily limited to crime, but can be applied or 'attached' to security, as well. Understood in relation to security, prevention is the aversion of infractions of order and peace in the public domain – of which crime is merely one example.

1.3. Outline

The following case study of crime policy in the Netherlands consists of two parts. The first part is a policy genealogy, which takes the aforementioned 1985 memorandum *Society and Crime* as starting point. However, the actual policy genealogy starts in 1982: several coalition agreements, Queen's speeches and government declarations preceding 1985 are analysed to describe the developments which led to the publication of *Society and Crime*. In total, three time periods are discussed: 1982-1992, 1993-2001 and 2002-2011.¹¹⁴ This serves an analytical purpose: even though actual policy development occurs more ambiguously and with more nu-

¹¹⁴ These three periods in crime policy are roughly similar to a common division made in Dutch political history. From 1982 to 1994, three cabinets under Christian-democratic Prime Minister Lubbers formed the Dutch government: up to 1989 in a coalition with the liberal-conservative party, and from 1989 onwards with the social-democratic party. In the period from 1994 to 2002 two cabinets under social-democratic Prime Minister Kok held office, both in a (secular) coalition with the liberal-conservative and the liberal-progressive parties. After 2002, an unstable period began. Even though Christian-democrat Balkenende was Prime Minister from 2002 to 2010, the successive governments were of a varied nature: from 2002 to 2003, the Christian-democrats formed a coalition with the liberal-conservatives and the party of populist leader Fortuyn (who was murdered days before the 2002 parliamentary elections), from 2003 to 2006 a coalition with the liberal-conservative and the liberal-progressive parties, from 2006 to 2007 a coalition with the liberal-conservative party, and from 2007 to 2010 a coalition with the social-democrats and a protestant-democratic party. In 2010, a coalition was formed between the liberal-conservatives and Christian-democrats under liberal-conservative Prime Minister Rutte.

ance, this division into three distinct periods allows new elements and crucial developments to be identified and highlighted amidst the continuities.

The second part of this case study is an analysis of two local preventive practices in policy implementation. The first of these is crime prevention in the public domain in the city of Rotterdam, which focuses on a situation-specific or territorial approach to prevention. The second practice is the Care and Security House¹¹⁵ in the city of Tilburg, which focuses on an offender-specific approach to prevention. In an appendix to this study, an overview is presented of the observations, interviews and documentation underlying the empirical findings.

The description of the local practices in the cities of Rotterdam and Tilburg serve as examples of the contemporary crime policy intervention repertoire of Dutch local government. As such, they do not propose to be representative of all local crime policy practices; instead, their methodological function is to support the validity of the government's statements of intent on policy implementation in the various selected documents: if the characteristics of the selected policy practices coincide with the characteristics of the statements of intent, this supports the status of the latter as a valid representation of the Dutch state's intervention power.

¹¹⁵ In Dutch: 'Zorg- en Veiligheidshuis'.

2. Policy genealogy: from judicial reaction to problem-oriented proaction

PART 1: A PREVENTIVE TURN IN CRIME POLICY (1982-1992)

1.1. Introduction

Before the 1980s, the Dutch approach to crime can best be described as 'reactive'. Crime policy consisted of making the decisions required to administer, manage and, if necessary, increase the capacity of the institutions of the police, public prosecutor, judiciary and prison system. In the 1977 coalition agreement, the government stated that it was "concerned" about the steadily climbing crime figures, especially the rising number of offences involving violence. The subsequent policy reaction was a strictly managerial one: "Harsher punishments in general do not lead to improvements, increasing and strengthening the police does" (CA, 1977:90). Again, in the 1981 government declaration, in which government expressed concern about the overtaxed police forces and the strain on the judicial system, qualitative and quantitative reinforcements were proposed in response to the increase in work load (GD, 1981:337).

However, a year later, in the 1982 coalition agreement, the government not only referred to measures to strengthen the institutions of justice (CA, 1982:70), but committed to do more: "At short notice, a committee will be installed with the assignment to look at means to improve prevention and settlement of [the] types of crime which occur in large numbers" (CA, 1982:71). During the annual general political considerations of 1984, parliament urged government to develop a policy proposal based on the findings of the aforementioned committee. This eventually led to the policy memorandum entitled *Society and Crime*¹¹⁶ in the following year, which proved to be a significant turning point in Dutch crime policy: for the first time, crime was regarded as a societal problem and not merely as an administrative or managerial issue.

In the opening statements of this memorandum, the government summarised the developments which had led to the publication of *Society and Crime*: "[...] growing disturbance amongst the population concerning rising crime figures, the imminent diminishing of the people's trust in government's role as protector of personal and collective interests, and the imminent decay in citizen norm compliance and social control" (SC, 1985:13). In this statement, the government acknowledged the state's inherent responsibility to maintain public order, uphold the law

¹¹⁶ In Dutch: *Samenleving en Criminaliteit*; TK 1984-1985, 18995/2. References to quotations in the text are abbreviated as 'SC, 1985', followed by the page number.

and canalise public emotions through the administration of justice (e.g. SC, 1985:21).

Moreover, the way in which this responsibility was being fulfilled was in need of an overhaul: crime figures had risen dramatically in the preceding 15 years, there was an imminent threat of citizens taking justice into their own hands, and citizens had started taking their own limitative measures in daily life (such as avoiding public roads) out of fear of crime (SC, 1985:21). Moreover, the government was concerned that the state was no longer able to fulfil its fundamental task of deterrence and enforcement of norms and laws, which could threaten the legitimacy of the state and the rule of law in Dutch society (SC, 1985:28-31). In other words, crime was not only a concern *of* the state, but also a concern *for* the state: “Nothing less than the credibility of the democratic and social constitutional state is at stake” (EL, 1990:52), declared the government in the 1990 successor to the *Society and Crime* memorandum, *Evolving Law*.¹¹⁷

The *Society and Crime* memorandum set an agenda for government measures to curb burgeoning crime figures, with particular focus on the type of crime that threatened and burdened Dutch society the most (SC, 1985:103). This agenda was characterised by the introduction of crime prevention as a complementary strategy to the existing practices of law enforcement and administration of justice. The government’s approach was “[...] aimed at strengthening social control and citizen norm compliance, intensification of crime prevention and further improvement of investigation, prosecution and execution of sentences” (SC, 1985:13).

The explicit shift from a merely reactive crime policy to a complementary preventive crime policy can be traced in a series of policy memoranda. These include the aforementioned *Society and Crime* and *Evolving Law* memoranda, but also *Security and the Quality of the Urban Public Domain*¹¹⁸ (1985), *School Truancy Absenteeism*¹¹⁹ (1986), implementation plan of the *Society and Crime* memorandum¹²⁰ (1987), *With a firm hand: improving the quality of law enforcement*¹²¹ (1991), and *Fighting Crime*¹²² published in 1992.

¹¹⁷ In Dutch: *Recht in Beweging*; TK 1990-1991, 21829/2. References to quotations in the text are abbreviated as ‘EL, 1990’, followed by the page number.

¹¹⁸ In Dutch: *Sociale Veiligheid en de Kwaliteit van de Openbare Ruimte in de Stad*; TK 1985-1986, 19321/1. References to quotations in the text are abbreviated as ‘SQUPD, 1985’, followed by the page number.

¹¹⁹ In Dutch: *Schoolverzuim*; TK 1985-1986, 19409/1-2. References to quotations in the text are abbreviated as ‘SA, 1986’, followed by the page number.

¹²⁰ TK 1986-1987, 18995/19. References to quotations in the text are abbreviated as ‘IPSC, 1987’, followed by the page number.

1.2. Definition power

1.2.1. Individualisation 'bites back'

The government's problem analysis starts with a description of the basic facts about crime in the Netherlands, based on police statistics (SC, 1985:19-33). Since 1960, registered crime had multiplied almost tenfold, from 130,000 to over a million in 1984 (SC, 1985:20). The increase in particular of offences such as theft, burglary and vandalism had grown explosively (SC, 1985:20). However, even though they only made up a fraction of the total number of offences, serious felonies such as murder, manslaughter, rape and violent robberies had also increased tenfold since 1960 (SC, 1985:21). Furthermore, government expected crime figures to rise even further (SC, 1985:8).

According to the government, this situation was problematic for a number of reasons. First, citizens experienced crime as "an infraction on an essential behavioural norm". Without a proper policy or police reaction, "emotional reactions can be the breeding ground for citizens to take the law into their own hands. Law enforcement has the task of channelling these emotions" (SC, 1985:21). Second, citizens may feel directly threatened by crime in their daily lives: "research has shown that a large and increasing number of citizens modify and put restrictions on their behaviour and lifestyle out of fear of crime" (SC, 1985:21). And third, crime is problematic since it causes financial damage to society (SC, 1985:21-22).

The government listed a number of structural causes for the rise in crime: "The higher level of prosperity has resulted in many more commodities entering circulation, which can potentially be stolen or destroyed [...]. In particular, private car ownership has expanded, which has increased the possibilities to commit offences. At the same time, traditional social bonds, such as family, social life, church and school, in which individual behaviour was effectively regulated, have been steadily weakening since 1960. Society has become more individualistic. In some cases, this individualism has led to an urge to seek to satisfy personal needs at the expense of others or at the expense of society as a whole. The increased use of alcohol and drugs also fits this pattern of individualisation. Moreover, the willingness to comply with rules set by government or other authorities has become less self-evident. [...] A factor of a more recent date, which according to some is linked to crime, is the long term unemployment of adolescents" (SC, 1985:22). Further-

¹²¹ In Dutch: *Met vaste hand: verbetering van de kwaliteit van de rechtshandhaving*; TK 1990-1991, 22045/1-2. References to quotations in the text are abbreviated as 'AFH, 1991', followed by the page number.

¹²² In Dutch: *Criminaliteitsbestrijding*; TK 1991-1992, 22355/2. References to quotations in the text are abbreviated as 'FC, 1992', followed by the page number.

more, as a result of the open character of the Dutch economy, the Netherlands has become a haven for smuggled prohibited goods, such as drugs (SC, 1985:23).

These “important and irreversible” (EL, 1990:19) developments have led to more opportunities for criminal behaviour, which in turn has led to an increased work load for the institutions responsible for public order, law enforcement and the administration of criminal justice (EL, 1990:4). However, spending on the judicial apparatus and law enforcement has not kept pace with the rise in crime over the past 15 years. Compared to other countries, the Netherlands has a relatively small budget for law enforcement and justice administration, even though crime levels no longer stand out favourably (SC, 1985:25; EL, 1990:13). This has led to an overburdening of the authorities responsible for law enforcement, crime investigation, prosecution and execution of sanctions (SC, 1985:26-29).

Despite the multiple causes for the rise of crime identified, the ‘sour fruits of individualisation’ received by far the most attention in the period between 1982 and 1992, especially in the policy memoranda *Society and Crime* (1985) and *Evolving Law* (1990): “Not only was government confronted with capacity shortages, the respect for law, police and judge declined. Compliance with legal norms and sentences was no longer an elementary legal duty for many citizens, but instead a behavioural option to be assessed through pragmatic pros and cons” (EL, 1990:7).

Society was, to some extent, perceived as the victim of its own structural development. The idea of society as the simultaneous cause and victim of crime was reflected in the government’s ambiguous attitude towards society. On the one hand, “[g]overnment believes it can assume that a large majority of Dutch citizens considers the legal order, as set down in criminal law, completely as its very own” (SC, 1985:37). On the other hand, government feared it could no longer uphold its role in deterrence and the affirmation of norms, and as a result could no longer oppose “[...] the always present inclination of citizens to take justice into their own hands” (SC, 1985:31).

This ambiguity was most clearly expressed in 1990’s *Evolving Law* memorandum. According to government, the citizen was no longer merely a passive element in the maelstrom of societal developments, or someone ‘pushed towards evil’ as a result of government’s failure to live up to its task. Instead, government signalled a lack of “willingness of the individual citizen to comply with legal norms for the benefit of mutual relations and/or the common good” (EL, 1990:6). Respect for the law, the police and the judiciary was on the decline, and citizens mostly perceived the law as being instrumental in furthering their own personal interests and in keeping authority at a distance (EL, 1990:4-8). In a culture which seemed to approve an “anything goes” attitude (AFH, 1991:11), and which

showed signs of “norm negligence” (EL, 1990:7), the organisations responsible for the administration of justice had “more work to do under increasingly difficult circumstances” (EL, 1990:7).

1.2.2. A preventive turn

In the face of the rise in crime and its structural societal causes, investments in law enforcement alone were considered insufficient: “Despite major efforts by the police, judiciary and administration, society experiences serious damage as a result of traffic violations, vandalism and shoplifting occurring on a massive scale. A more coherent approach in the repressive, preventive and legislative domain is necessary” (GD, 1982:643). This coherent approach consisted of two basic strategies. First, government aimed to improve the quality and increase the capacity of the organisations responsible for law enforcement and the administration of justice.¹²³ And second, a complementary strategy of crime prevention was introduced.¹²⁴

The ‘classic’ judicial approach to crime appeared to have reached its limits of effectiveness: “In the current situation, a major increase in the capacity of the various parts of the judicial apparatus seems logical. [However,] government rejects the idea that a mere quantitative strengthening of police and judiciary will suffice. The strong increase in criminal behaviour in the past decades has also been caused by structural changes in Dutch society. [...] Simply doing more of the same would result in substantial financial sacrifices without any guarantee of success” (SC, 1985:35).¹²⁵

Reducing crime levels is not simply a matter of arresting and convicting more perpetrators (SC, 1985:44): “For too long, government relied on two interrelated presumptions without bearing in mind the reality of these presumptions. The first

¹²³ For example: “Because of the growing gap between the number of committed crimes and the number of legal corrections, and because of the overburdening of various parts of the judicial apparatus, a strengthening of the judiciary is necessary” (SC, 1985:8).

¹²⁴ Elsewhere, government distinguishes three “guiding concepts” for crime policy: 1) intensified execution of legal core tasks with regard to legislation, law enforcement and administration of justice; 2) increased involvement of citizens and local authorities in the prevention of crime; and 3) modernisation of the entire administration of criminal justice (EL, 1990:3).

¹²⁵ Besides the argument of effectiveness, prevention is also justified from a budgetary and managerial perspective: “[...] a policy aimed to decrease the burdens on the [judicial system] through prevention and alternative punishments” (CA, 1989:46). The overburdening of the judicial apparatus is partly accommodated by an increase in its capacity, but can never be enough to reduce crime. Moreover, “[the] judicial apparatus does not, in principle, strive to increase its own production. On the contrary, the execution of criminal law is a necessary evil which should be limited as much as possible through greater efforts by administration and private initiatives” (SC, 1985:52).

presumption was that people will abide by the law, because violation of these rules is a punishable act. [...] The second presumption was that the threat of laying down severe punishments would enforce law abidance, should penalising a certain act alone proves insufficient" (AFH, 1991:11-12). With these two presumptions overturned, protecting society called for a different approach: "Protecting citizens against violence and theft by fellow citizens is one of the oldest and most fundamental functions of the state. For this purpose, the state possesses institutions for the administration of criminal law [...]. The use of other legal means – administrative prevention – is also [...] justified by the state's basic function of protection" (IPSC, 1987:9).

Underlying the new preventive policy approach to crime was a conceptual distinction between serious crimes, such as assault and battery, murder, and rape on the one hand, and petty crimes on the other hand: "Simple traffic violations, small vandalism and other types of petty crime on the streets threaten the safety in traffic and the security on the streets due to the massive scale on which they occur" (CA, 1982:71). These violations may be small (in terms of possible sanctions), but can have a significant impact on victims and can pose a threat to public order as a result of the large numbers in which they occur (SC, 1985:21). This conceptual distinction enabled government to develop specific strategies towards serious crime and towards petty crime. Whereas the judicial strategy remained dominant in the approach to serious crime, preventive strategies were developed for the approach to petty crime.

1.2.3. A division of responsibilities

Government increased its activities in administrative prevention, but at the same time did not want to take full responsibility for the problem of petty crime. Instead, society itself was to take responsibility for controlling petty crime:¹²⁶ "A renewed division of responsibilities in the field of petty crime leads to the conclusion that society as a whole, including particularly local government, has to have a larger role in the prevention and control of this type of crime" (SC, 1985:57). Upholding the legal order is "[...] the capstone of a general societal effort for the maintenance of norms and for prevention" (SC, 1985:15). Therefore, reducing

¹²⁶ This division of responsibilities concerns the approach to petty crime. With regard to the problem of more serious crimes, however, the government made it clear that this remained an exclusive task of the state (SC, 1985:47; 57): "As crime takes on a more serious nature, [...] the centre of gravity should shift [from prevention] to criminal investigation and the judicial authorities" (SC, 1985:39). In particular, the approach to organised crime (mainly associated with illegal drug trading) became a government priority, because of the soaring crime rates in this area and consequent undermining of citizens' trust in law enforcement.

crime levels by means of prevention became a matter of “shared responsibility” (SC, 1985:37).

The government formulated two reasons why citizens should be aware of their responsibility in this area– one fundamental and the other pragmatic. The fundamental reason was that the administration of justice and law enforcement should always be limited responsibilities. Citizens are not only responsible for obeying the law, but also for enforcing norms in their direct environment: “Just as the primary responsibility of citizens to provide for their own maintenance is not taken away by the welfare state, so the constitutional state does not discharge citizens from their duty to uphold the legal order as much as they can through norm enforcement in their own living environment” (EL, 1990:34).

Government’s more pragmatic reason for appealing to the citizens’ responsibility was the impossibility of reducing petty crime by means of interventions on the part of the state alone: “[...] it is not realistic to believe that the institutions charged with enforcing the legal order can compensate the consequences of the (imminent) crumbling of societal norms and social control, which manifests itself, among other things, in an extensive and explosive increase in petty crime, without the specific support of society and administration” (SC, 1985:14). Therefore, “enforcement of norms is a task which confronts society as a whole. If society does not accept this responsibility, which it shares with government, then the use of criminal law will also be insufficient” (SC, 1985:15).

1.3. Intervention power

1.3.1. Identifying and intensifying core tasks

The problem definitions described above led to two distinct policy strategies: improvements in the capacity and quality of the police and judicial apparatus on the one hand, and administrative crime prevention on the other hand. To start with the former: the credibility of the state depends on a proper functioning of its judicial apparatus and on “an optimal execution of its core tasks” (EL, 1990:20). High standards should be set for law enforcement and the administration of justice: “Only then will the state set an example for society” (EL, 1990:20).

Quantitative investments in police and judicial apparatus should make “an increase of the actual interventions” in law enforcement possible (SC, 1985:43). A consistent and swift execution of financial sanctions and imprisonment was essential for a credible crime policy (SC, 1985:39). And “[...] capacity enlargement of the institutions responsible for the administration and execution of criminal law” (SC, 1985:103), including a much needed increase in the number of prison cells (SC, 1985:11; 16), were also deemed necessary to ease the overburdening of the

judicial apparatus. These and other quantitative investments aimed to increase the “handling capacity” of the judicial apparatus (SC, 1985:57).

In 1990, government claimed a few policy successes, achieving, for example, an improved treatment of victims and a decrease in the number of ‘*nolle prosequi*’ because of capacity shortages or a lack of cooperation between police and public prosecutor (EL, 1990:9; cf. SC, 1985:53-54). However, “[...] the institutions tasked with jurisdiction, legal assistance and law enforcement still show the symptoms of overburdening” (EL, 1990:3). Moreover, even while the rise of crime had come to a halt, “[...] Dutch crime rates have in totality not shown a real decline” (EL, 1990:13). The administration of justice still suffered from, among other things, overly long proceedings for legal settlements (on average nine months), poor solved crime rates, and an overburdened public prosecutor’s office as a result of large numbers of violations (EL, 1990:12). A further increase in capacity and financial means was therefore required (EL, 1990:20; 48).¹²⁷

Next to a quantitative intensification of state activities, government also proposed to modernise the administration of criminal justice. The ambition to make the various parts of the judicial apparatus function more coherently required the meticulous collection and distribution of relevant data on crime figures and the number of cases handled by police, public prosecutor and courts: “The functioning of the administration of criminal justice depends to a large extent on swift and efficient information services. Automation of the entire administration of criminal justice is much needed” (SC, 1985:82).

Other means to improve the performance of the apparatus were the expansion of the competences of Single Judge Divisions (SC, 1985:90), the increase of the possibilities to impose pecuniary penalties (SC, 1985:92-93), and a simplification of the handling of common violations to relieve the overburdened system, for instance by introducing the possibility of a police transaction or out-of-court settlement to deal with minor traffic violations (SC, 1985:84; EL, 1990:23-24; AFH, 1991:20).

¹²⁷ It is important to realise that an increased capacity of, for instance, the police can have serious consequences for the public prosecutors and the courts: more capacity to investigate crimes means a higher workload for other authorities. Therefore, “[...] it is appropriate to perceive the activities of police and judiciary as if they were part of a factory production process, a factory line” (SC, 1985:51). This image makes clear that there are four relevant ‘links’ in the chain: the police, public prosecutor, courts and sanction apparatus. Their activities should be coordinated to prevent barriers and the overburdening of one or more of these links, and they should cooperate intensively to promote the quality and efficiency of the judicial apparatus – for instance by organising consultations between the police and the public prosecutor to decide which violations to prosecute (SC, 1985:51; 86).

1.3.2. A new strategy: administrative prevention

The aforementioned investments in the capacity and quality of police and judicial apparatus fit with the traditional reactive approach to crime. Complementary to this strategy, the government developed a preventive approach to crime from 1982 onwards. Prevention, however, required less of a judicial approach, and more of an administrative one. After all, crime prevention refers to activities which are undertaken by the state before, not after, a crime has occurred. Hence the basis for preventive interventions is not a breach of the law, but an administrative objective.

In the *Society and Crime* memorandum, government presented two forms of crime prevention. First, “action-oriented prevention”, which referred to a set of administrative measures and activities with the specific purpose of preventing criminal behaviour (SC, 1985:36-37). And second, “norm-oriented prevention”, which referred to activities aimed at approaching the structural causes of crime in an individualising society (SC, 1985:37-38).

‘Action-oriented prevention’ had two tiers: increased technical prevention and increased surveillance in the public domain. Technical prevention implied interventions in the built-up environment to influence the opportunity structure in which petty crimes are committed. Locks, door furniture and alarms can help to prevent theft and burglary in private homes, shops and the public domain (where cars and bicycles are vulnerable goods). This was an aspect regarding which citizens, companies and shop owners bore a large responsibility. Police and local authorities supported their efforts through information campaigns and assistance in the installation of technical prevention (SC, 1985:37).

Technical prevention was also a matter of spatial planning: “the development of a built-up environment characterised by planning and building technology offering the least possible opportunity to commit crimes” (SC, 1985:58). Architectural interventions can make the public domain less vulnerable to crime and more open to effective police surveillance (SC, 1985:40). Specific interventions included (re)designing streets, squares, parks, entertainment areas, business areas, town centres and red light districts, but also installing street-lighting and making neighbourhoods attractive places to spend time outdoors (SQUPD, 1985:2-5; cf. IPSC, 1987:12-13). Even though “there is no such thing as a secure city”, local authorities were made aware of their responsibility to focus on crime prevention in their development plans and land settlement policy (SQUPD, 1985:3-4; SC, 1985:41).

The second tier of ‘action oriented prevention’ involved “strengthening functional surveillance of potential perpetrators by ticket inspectors, caretakers, shop staff, sports coaches, youth welfare workers and others” (SC, 1985:9). Com-

plementary to technical prevention, the government called for a “[...] further mobilisation of individual citizens and societal organisations, including local public authorities and private business, against the forms of petty crime which take place on a massive scale. The measures to be taken by citizens and organisations to prevent crime should not be limited to installing technical protection systems. [...] The most important objective is the gradual introduction of an adequate level of personal or functional surveillance on all societal terrains which are susceptible to petty crime” (SC, 1985:37).

Increased police surveillance was necessary, as well, to compensate for the negative consequences of a “complex and [...] more anonymous” society (EL, 1990:4). In the more traditional society of the past, the “possibilities for deviant behaviour and crime were [...] small” (EL, 1990:5). However, the current “more selfish and non-conformist society” required more surveillance by police and public transport inspectors, as well as by store personnel, sports trainers, janitors of apartment buildings and school teachers to keep an eye out for criminal behaviour and for problems which might lead to crime (such as school absenteeism) (IPSC, 1987:15-17).

The second form of crime prevention – ‘norm-oriented prevention’ – referred to efforts to strictly affirm legal norms in order to stop the general decay of social norms and social control. Next to societal processes of individualisation, persistent norm violations in citizens’ direct living environment were felt to lead to the erosion of social norms, as well (SC, 1985:36). Therefore, the government publicly stressed the importance of social norms, for instance through stringent large-scale police controls on drunk driving: even though these activities might have little effect on the number of perpetrators actually caught, they aimed to have a broader societal impact through deterrence and norm enforcement (SC, 1985:37).

In general, public authorities sought to make it clear that “[...] the violation of the criminal code is still perceived as an objectionable act” (SC, 1985:38) through a varied set of interventions, including information campaigns, educational projects on vandalism at schools, and improving the information provided to victims of crime on the progress of their case (SC, 1985:37-38; 81; cf. EL, 1990:35).

Furthermore, ‘norm-oriented prevention’ included “strengthening the ties of the young generation to society” (SC, 1985:58). Specific measures to be implemented were the reduction in the number of cancelled classes at secondary schools (SC, 1985:61), the early detection and registration of problems and absence from school, adequate enforcement of the Compulsory Education Act, improvement of after school activities and services, development of projects to guide

drop-outs back to school (SA, 1986:13-20), and welfare policies for specific target groups such as “[...] long term unemployed adolescents, adolescents from minority groups, drop-outs and fringe group adolescents” (SC, 1985:63; IPSC, 1987:13-15).¹²⁸

1.3.3. The organisation of prevention

Whereas the traditional reactive approach to crime depended on a judicial apparatus, the newly adopted preventive approach depended on the development of administrative interventions. Local authorities, in particular, assumed a large responsibility in crime prevention (SC, 1985:49). For instance, the government urged local authorities to establish tripartite consultations between the mayor, chief of police and public prosecutor for the prioritisation of crime issues and the development of policy plans (SC, 1985:8; 79). Especially the mayor, as the authority responsible for public order and security, was assigned a “pivotal role” in these consultations (SC, 1985:49).

Crime prevention required a customised policy tailored to local conditions. Hence, the municipal level was crucial for the implementation of preventive measures. As such, local authorities (and especially the mayor) played a role in development plans to influence the built-up environment and zoning restrictions; they were made responsible for managing school truancy and were authorised to grant subsidies to institutions relevant for crime prevention (such as neighbourhood and youth centres) (SC, 1985:41-42).

National authorities played a supportive role (SC, 1985:9) in the form of regulation, empowerment, financial support,¹²⁹ collecting and analysing crime data, and the coordination of preventive programmes (SC, 1985:41). This was no longer an exclusive task of the Ministers of Justice and Internal Affairs, but instead, now required a broader effort.¹³⁰

¹²⁸ The adolescents involved are mostly “[...] from the lowest socio-economic strata. Their position is characterised by poor housing, family issues, a poor level of educational achievement, long-term unemployment, poor mental and physical health and problems with pastime. These adolescents often end up in social isolation. Their problems result in deviant behaviour, such as aggression, apathy, excessive drug or alcohol use and crime. The majority of these adolescents runs into trouble with the police and judiciary” (SC, 1985:63-64).

¹²⁹ By 1990, as a result of the *Society and Crime* memorandum, over 250 prevention projects in about 80 municipalities were being subsidised. Partly as a result of this, crime prevention has become structurally embedded in local crime policy (EL, 1990:9).

¹³⁰ However, the organisational challenges posed by the ambition of prevention hinder an effective implementation. In the 1992 memorandum *Crime Control*, the government concluded that crime prevention had become a structural element in local crime control, but that difficulties remained in the organisation of cooperation between the various elements of the judicial system (the police, prosecutor, courts, custodial institutions), between mayor, local police and

The range of preventive activities comprised, among other things:

- Cooperation between the Ministry of Transport, Public Works and Water Management, the local authorities and Dutch Railways to control vandalism, aggression, bicycle theft and fare dodging (for instance by increasing access control and surveillance, especially in the larger cities) (SC, 1985:59-60). Furthermore, road safety was improved and traffic violations were tackled through an alcohol moderation policy and an improved monitoring and inspection of insurance status, driving licenses and accidents (SC, 1985:75-77);
- Acknowledgement of the need for improved surveillance capacity at schools during odd hours, lunch breaks, and school parties to prevent vandalism, littering and absenteeism by the Ministry of Education¹³¹ (SC, 1985:60-62);
- the Ministry of Welfare, Health and Culture called for an improved monitoring of children and adolescents by youth welfare work, the (re)opening of neighbourhood and youth centres, the reduction of football vandalism, and a strategy to combat alcohol- and drug-related crime (for instance, through an alcohol moderation policy¹³² and recovery programmes for addicts) (SC, 1985:62-68; 80);
- the Ministry of Economic Affairs supported private initiatives to prevent shoplifting through information campaigns and research on effective technical prevention (SC, 1985:68-70);
- the Ministry of Housing, Spatial Planning and the Environment promoted housing maintenance and attention for crime issues in urban planning, and provided information for project developers and municipalities on architectural interventions which help to prevent crime (SC, 1985:70-71);
- and the Ministry of Social Affairs and Employment supported crime prevention by tackling youth unemployment (SC, 1985:73-74).

1.3.4. The law-abiding citizen and the public domain as objects of intervention

The shift from a mere judicial approach to an administrative-preventive approach also implied a shift in the objects of intervention. While a judicial approach is tar-

public prosecutor, and between the activities of the various national policy departments involved in crime prevention.

¹³¹ To further control absenteeism, a new Compulsory Education Act increased the possibilities for monitoring and strict enforcement. The approach to absenteeism also included reducing the number of cancelled classes (SC, 1985:61-62).

¹³² Specific issues for public order included limiting the availability of alcohol, a stricter control on drunk and disorderly conduct, the use of breath analysers in alcohol tests, and restricting the availability of alcohol in football stadiums (SC, 1985:66). For a further discussion of the alcohol moderation policy, see the analysis of Dutch public health policy.

geted at criminals, society as a whole is the object of a preventive approach. Society was perceived to be both part of the solution and part of the problem: “[...] society on all levels needs to be more strongly involved in preventing crime. [Also important] is the necessity to prevent a gradual decline in the ethical awareness of the majority of citizens due to repeated confrontation with norm violations as much as possible. Compliance with legal norms is no longer natural in our present varied society with high crime figures. Therefore, these norms need to be visibly ratified to as many citizens as possible” (SC, 1985:36).

More specifically, law-abiding citizens became relevant for policymaking, since they can prevent crime through improved technical protection against theft or vandalism. The public domain also became a relevant entity for policymaking, since surveillance and interventions in the opportunity structure can help to prevent crime. And finally, society as a whole had become relevant for crime policy, as norm affirmation in general could help to compensate for the decrease in social control and cohesion in an individualised society. In short, the introduction of crime prevention implied the involvement of “citizens for whom the compliance with legal norms is more or less natural and citizens who belong to the group of potential or incidental perpetrators” (SC, 1985:36).

1.4. Synopsis

A growing public concern about rising crime figures during the 1970s and 1980s and a concern about the hollowing out of the state as credible enforcer of justice and public order led the Dutch government to rethink the role of the state in the approach to crime. Crime moved from solely constituting a *concern of the state* as a result of societal demands, to being a *concern for the state* itself. In particular, petty crimes – relatively small offences such as burglary, vandalism and traffic violations – became the focal point of attention, since these are committed on a massive scale. The resultant overburdening of the justice administration apparatus urged government to rethink its existing approach to law enforcement.

In its analysis of the rise in petty crime, the government commented on the lack of investments in the administration of justice, as well as the increased number of opportunities for theft and burglary in a prosperous society with a large circulation of commodities. However, the focal point of the analysis was the process of individualisation taking place in society since the 1970s. For the first time, the Dutch government explicitly perceived crime as *a societal rather than a mere judicial issue*.

The decrease in social control and decline in social norms now led citizens to become more assertive and caused respect for law, police and government to wane. *Individualisation bites back*: society had become the victim of its own devel-

opment. Government held on to a naive belief in criminal law as a sufficient means to prevent people from violating the law for too long. From 1985 onwards, the government realised that the 'sour fruits of individualisation' would have to be the starting point for new strategies in crime policy.

A logical consequence of this problem analysis was that investments in the police and judicial apparatus were insufficient to reduce crime levels. The problem was not merely an underperforming state, but also structural societal characteristics. Therefore, a preventive approach to these societal characteristics was deemed necessary. The explicit *preventive turn* in crime policy implied a move beyond quantitative and qualitative investments in police and judicial apparatus. Furthermore, it implied, at least ideally, the transformation of the administration of justice from the primary mode of intervention into a last resort for the cases in which prevention failed. The basis for prevention was not a breach of the law, but an administrative objective.

Prevention does not replace the administration of justice. Instead, it is a complementary or 'preceding' strategy. While increasing the handling capacity of the 'judicial chain' is insufficient to structurally reduce crime levels, a credible level of law enforcement and administration of justice nonetheless remained a necessity. Therefore, the government intensified the state's core tasks by expanding the capacity of police and judicial apparatus and by improving the quality and efficiency of their work. However, the previously held assumptions that people would abide by the law simply because a violation of the law constituted a punishable act or because the threat of severe punishment outweighed the benefits of criminal behaviour were rejected.

The complementary preventive strategy consisted of two tiers: *action-oriented prevention* and *norm-oriented prevention*. The former tier included technical prevention, which required citizens, companies and shops to take measures to protect their property against theft or burglary. The government supported citizens and raised awareness through information campaigns. Also, public authorities could design the built-up environment (public squares, streets, apartment blocks) in such a way that opportunities for criminal behaviour were reduced. And finally, the action-oriented tier included increased police and non-police (such as city watchers, janitors, shop owners and sport coaches) surveillance in the public domain to compensate for the decrease in social control in an individualised society.

The latter tier of norm-oriented prevention consisted of measures to strengthen social norms and prevent further norm decay among the general public. The government hoped to set an example for society through improvements in the quality of the legal core business, the proper treatment of victims by the po-

lice, and consistent penalisation of small violations. In short, it sought to get the message across that every violation of the law was still perceived as an objectionable act.

Prevention not only involved increased efforts by the state: "Preventing crime is not only a concern of justice and police, but also of society as a whole" (GD 1989:32). Society was perceived as part of the problem, but also as a necessary part of the solution. Besides abiding by the law, citizens were called upon to take responsibility both in terms of technical prevention and in terms of norm enforcement. If not, the state would be unable to compensate for the decay in societal norms. This state expanded its approach to crime, but at the same time limited its activities through the construction of a *division of responsibilities* between state and society.

Whereas the traditional judicial approach viewed criminals as objects of interventions, the preventive approach *transformed society as a whole into an object of intervention*. The law-abiding citizen became the object of interventions, for instance with regard to his or her responsibility in the realm of technical prevention and norm enforcement. And the public domain became the object of interventions, since surveillance and design of the built-up environment were considered important means to reduce the opportunities for criminal behaviour.

Moreover, an administrative, rather than judicial approach to prevention necessitated the development of a different intervention repertoire. *Prevention transformed crime into an administrative issue*. The local authorities in particular were to play a major role in the development of preventive policies and interventions tailored to local conditions. Whereas the judge was the pivotal actor in justice administration, the mayor became the pivotal actor in crime prevention.

PART 2: THE SLOW RISE OF THE SECURITY PARADIGM (1993-2001)

2.1. Introduction

Following the preventive turn in 1985, crime prevention steadily continued to develop during the period between 1993 and 2001. Even though an explicit caesura, in the sense of the 1985 *Society and Crime* memorandum, is lacking during this period, two important developments stand out. First, the government showed a more action-oriented or interventionist attitude towards petty crime. Instead of calling upon society to turn back or undo the negative effects of individualisation and other structural societal developments, the government stressed the importance of its own role and activities. In practice, this led to a more problem-oriented and a more personalised intervention repertoire: citizens' direct living environments instead of legal infringements, and offenders – such as habitual offenders and problem adolescents – instead of offences became the main objects of preventive interventions.¹³³

Second, the period between 1993 and 2001 saw the slow rise of the security paradigm. Whereas 'crime' was the dominant notion in the period up to 1992, a second tier of preventive policies started to emerge from 1993 onwards, which took the broader perspective of 'security' as a starting point. 'Security' also includes notions of annoyance and degradation, while 'crime' is limited to legally defined prohibitions. The concept is introduced in the 1993 *Security Report*, a memorandum that serves as "[...] a call to public authorities to take responsibility in security issues" (SP, 1995:10). During the 1990s, 'crime' and 'security' remained two largely separate notions in policymaking. However, from 2002 onwards, 'security', which can be understood as a certain quality of the public domain, became the dominant policy paradigm, incorporating the notion of 'crime'. This paradigm shift to security led to a broadening of the scope of preventive interventions.

The fact that *Crime Control* (2001)¹³⁴ became the first major policy memorandum to be published since *Evolving Law* (1990) would seem to suggest that no new developments occurred during the 1990's. However, in various smaller and more specific policy memoranda, as well as in various coalition agreements and government declarations between 1993 and 2001 (a period marked by little political

¹³³ The first signs of this shift in focus were already present in *Society and Crime* and *Evolving Law* (e.g. SC, 1985:63-64).

¹³⁴ In Dutch: *Criminaliteitsbeheersing*; TK 2000-2001, 27834/2. References to quotations in the text are abbreviated as 'CC, 2001', followed by the page number.

polarisation),¹³⁵ a gradual but significant change in thinking was taking place about the problem of crime. In this respect, *Crime Control* marked the very end of a development: it was still limited in scope to the prevention of and the judicial approach to crime. Not long after its publication, the security paradigm, which had been 'lurking in the shadows' from 1993 onward, would lead to another significant change in crime policy.

In addition to the *Crime Control* memorandum, a variety of policy memoranda are discussed in the following. A first group of memoranda concentrates on 'crime' as the dominant policy paradigm: the 1993 *Off to a Good Start* memorandum¹³⁶, *Juvenile Delinquency*¹³⁷ (1995), *Law Enforcement and Security*¹³⁸ (1996), *Community Services*¹³⁹ (1996), *Implementation Plan Drop Outs*¹⁴⁰ (1999), *Reducing Recidivism*¹⁴¹ (2001), and the 1997, 2001 and 2002 memoranda on *Crime and Integration of Ethnic Minorities*¹⁴². A second group of memoranda focuses on the slow rise of the security paradigm. The *Security Report 1993*,¹⁴³ *Security Policy 1995-1998*¹⁴⁴ and *Integral Security Programme*¹⁴⁵ are a product of the Ministry of Internal Affairs.

¹³⁵ In the period between 1994 and 2001, two cabinets were in office – both were coalitions between social-democrats, liberal-conservatives and liberal-progressives. These cabinets were the first in modern Dutch parliamentary history without a confessional party, and incorporated what until then were seen as two opposite sides of the political spectrum (social-democrats and liberal-conservatives).

¹³⁶ In Dutch: *Een goed voorbereide start*; TK 1992-1993, 22994/1. References to quotations in the text are abbreviated as 'OGS, 1993', followed by the page number.

¹³⁷ In Dutch: *Jeugdcriminaliteit*; TK 1995-1996, 24485/1. References to quotations in the text are abbreviated as 'JD, 1995', followed by the page number.

¹³⁸ In Dutch: *Rechtshandhaving en Veiligheid*; TK 1995-1996, 24802/1-2. References to quotations in the text are abbreviated as 'LES, 1996', followed by the page number.

¹³⁹ In Dutch: *Taakstraffen*; TK 1995-1996, 24807/1-2. References to quotations in the text are abbreviated as 'CS, 1996', followed by the page number.

¹⁴⁰ In Dutch: *Plan van Aanpak Voortijdig Schoolverlaters*; TK 1998-1999, 26695/1-2. References to quotations in the text are abbreviated as 'IPDO, 1999', followed by the page number.

¹⁴¹ In Dutch: *Recidivevermindering*; TK 2000-2001, 27834/4. References to quotations in the text are abbreviated as 'RR, 2001', followed by the page number.

¹⁴² In Dutch: *Criminaliteit in relatie tot integratie van etnische minderheden*; TK 1997-1998, 25726/1; TK 2000-2001, 25726/9; TK 2001-2002, 25726/20. References to quotations in the text are respectively abbreviated as 'CIEM, 1997', 'CIEM, 2001' and 'CIEM, 2002', followed by the page number.

¹⁴³ In Dutch: *Veiligheidsrapportage 1993*; TK 1992-1993, 23096/1-2. References to quotations in the text are abbreviated as 'SR, 1993', followed by the page number.

¹⁴⁴ In Dutch: *Veiligheidsbeleid 1995-1998*; TK 1994-1995, 24225/1-2. References to quotations in the text are abbreviated as 'SP, 1995', followed by the page number.

¹⁴⁵ In Dutch: *Integraal Veiligheidsprogramma*; TK 1998-1999, 26604/1. References to quotations in the text are abbreviated as 'ISP, 1999', followed by the page number.

2.2. Definition power

2.2.1. The visible state

Even though several successes had been notched up since the 1980s – such as an increased efficiency of the judicial apparatus and a slowing down of the rise in crime – crime figures remained at a high level, with over a third of the population experiencing feelings of insecurity and a quarter of the population becoming the victim of crime. Moreover, juvenile delinquency had climbed dramatically in recent years (CC, 2001:5). Another cause for concern was the increase in violent crime: “While the total number of registered crimes has decreased, a coarsening of crime in the public domain is clearly visible” (ISP, 1999:16).

Government sought to explain the burgeoning of violent crime as the result of structural developments of society, albeit in a different manner than the analysis of an individualising society in *Society and Crime* and *Evolving Law*: “The rise of violent crimes has fundamental social and cultural causes, such as increased inequality, lack of social cohesion and coarsening of manners. The breeding ground for violence is partly the concentration of social problems such as unemployment, dropping out, one-parent families, pollution and littering in the public domain, addiction and crime in certain metropolitan neighbourhoods. According to analyses [...], these new metropolitan problems of poverty and social exclusion are often interrelated with issues of integration of cultural minorities” (LES, 1996:18). The government expressed fear that “no go areas” could develop if nothing were done about the current situation (LES, 1996:18).

Confronted with these problems, government stressed the necessity for the police and judicial apparatus to step up their performance in law enforcement: “Shortages in capacity often compel police and justice to give no for an answer. This affects the legitimacy of both justice administration and government policy as a whole” (CC, 2001:13). Insufficient law enforcement or prison capacity can lead to a decay of social norms, to a decrease of respect for the law, and to a violation of citizens’ sense of justice (LES, 1996:7). This is a potential threat to the rule of law: “if the state is unable to perform its task for a prolonged period of time, the moment at which citizens start to take justice into their own hands cannot be far away” (LES, 1996:8). The state must intervene more¹⁴⁶ to demonstrate its commitment to crime control: “A high percentage of non-interventions harms the in-

¹⁴⁶ For this purpose, a capacity increase of 8000 FTE was proposed in the realm of detective work and surveillance, as well as improvement of the information household, the use of new technologies and knowledge, and professionalisation of staff (CC, 2001:3).

terests of victims for adequate settlement, the credibility of the state and the effectiveness of the cases in which a penalty is imposed" (CC, 2001:3).¹⁴⁷

At first sight, this would seem a mere continuation of the investments in the judicial core tasks set out in the 1985 memorandum *Society and Crime*. However, upon closer inspection, the investments proposed from 1993 onwards had a specific focus. The capacity increase was not merely meant to boost the objective handling capacity of the judicial apparatus, but also to "increase the visible presence of the police in the streets" (CA, 1994:26; cf. CA, 1998:69). Whereas the government stressed a division of responsibilities in the period between 1982 and 1992, the calls upon citizens to take responsibility abated somewhat between 1993 and 2001. This did not mean that citizens should remain passive,¹⁴⁸ but instead pointed to the emphasis placed by the government on the importance of an increased role of the state in the public domain.

In practice, this implied increased police and non-police (such as city watchers and private security officers in shops and bars) surveillance in the public domain (ISP, 1999:3-4; 22-27; 33-36): "Increased surveillance contributes to security. [...] Citizens want more surveillance in the streets, in shopping centres, parks and other (semi-)public areas. Surveillance contributes to a feeling of security and increases the actual security as well. In the presence of surveillants, people feel less inclined to act in an inappropriate way towards fellow-citizens" (SP, 1995:29).

Surveillance simultaneously served the objectives of law enforcement and prevention through deterrence. "The first objective is the enforcement of so called 'small norms': behavioural norms with a relatively small moral burden which are relatively often violated. Examples include graffiti, illegal littering, parking violations, cycling in pedestrian areas, public drunkenness. These are 'small nuisances' [...] which can lead to discontent and concern as a result of the large numbers in which they occur" (CC, 2001:46).

¹⁴⁷ The need for a proper treatment of citizens, and especially of victims of crime led the government to introduce a 'compulsory reasonable effort of investigation'. This effort did not directly contribute to an increase of the probability of apprehension nor did it make police work more effective. What it proposed to do was increase the credibility of the police and government as a whole: "[...] a method of working which only rests on considerations of efficiency deprives the interests of victims [...]. Therefore, every report of a serious, heavy crime must be responded to with a reasonable effort of investigation" (CC, 2001:20).

¹⁴⁸ This does not imply that previous calls to take responsibility had completely vanished: "Citizens are also expected to contribute to increasing security. Examples of this are preventive measures against burglary and fire. Besides this, a sense of good neighbourship and keeping an eye out for the goings on in the neighbourhood can also contribute to security in the own living environment. Finally, appealing on citizens to 'stick to the rules' is of great importance (such as complying with speed limits and not drinking when driving)" (SR, 1993:17).

Furthermore, the government required a presence when and where problems of crime are likely to occur: "The second objective is the enforcement of order and security in specific areas and/or specific times, for instance in bar districts on Saturday nights. This surveillance strives for prevention of more serious offences, such as violence or vandalism [...]" (CC, 2001:46). For the latter kind of offences, government proposed more specific surveillance at 'hot times' and 'hot spots' (CC, 2001:56).

2.2.2. Crime prevention as socialisation and integration

Next to surveillance, a second preventive strategy was developed from 1993 onwards. In many ways, this could be seen as a logical progression of the aforementioned norm-oriented prevention, which took the entire population as object of intervention. However, instead of influencing society in general, the objective was now to integrate deviant individuals and specific target groups into society. And instead of looking for causes of crime in structural developments of society, the focus was now on crime and the role of individual behaviour and living circumstances.

The government's preventive focus was determined by the places and the target groups with the highest crime rates. Crime often occurred in poorer neighbourhoods where levels of education were lower and living conditions worse than in other parts of the major cities: "Often, [...] people [living in these circumstances] become isolated, and some of them, including adolescents, end up in criminal environments" (CA, 1998:7). According to government analysis, the local and mostly urban "concentration of social problems such as unemployment, drop outs, one-parent families, pollution and littering in the public domain, addiction and crime" could be traced back to "new metropolitan problems of poverty and social exclusion and integration of cultural minorities" (LES, 1996:18).

The objectives of preventive measures in these neighbourhoods were integration and socialisation: making disadvantaged people part of society by improving their living conditions (for instance, through urban renewal) and by trying to activate them socially and economically: "The strength of a society is determined by the extent to which citizens and population groups are prepared and able to participate in economical and societal contexts. [...] For too many Dutchmen and cultural minorities, this is not the case. They cannot meet the high standards and are sidelined because of a poor education, too little labour productivity or poor health. [...] It is a core task of the state to prevent or reduce these types of arrears" (CA, 1998:7).

The government made the following argument for prevention: "Strengthening the judicial apparatus is of great importance, but is still not enough. Enforcement of criminal law is by nature reactive and can therefore influence behav-

ious to a limited extent only. For optimum effect, the response of criminal law should be coordinated with other measures, such as improved and increased surveillance in the public domain [...], administrative prevention, preventive measures by businesses and by citizens. [...] But the approach is even broader. Delinquent behaviour is also highly associated with disadvantaged living circumstances, limited possibilities for self-development, negative group pressure, poor educational skills of parents, and so on. Government policies and interventions should constantly create the conditions for a favourable development of people according to their capabilities" (CC, 2001:15). Without prevention, "the judicial apparatus will remain the dumping-ground of social issues in the welfare state" (LES, 1996:20).

2.2.3. The rise of the security paradigm

The 2001 *Crime Control* memorandum was deliberately limited in scope. It focused on the prevention of recidivism (which is discussed further on) and on the visible presence of the state in the public domain. Moreover, the limited notion of 'crime' – referring to legally prohibited acts – formed the starting point for both reactive and preventive interventions.

Throughout the 1990s, the notion of 'security' cropped up in various policy memoranda. Whereas 'crime' could be clearly defined by reference to criminal law, 'security' was a boundless notion. Security referred to a certain status or quality of the public domain: "Security can be defined as the presence of a certain order and peace in the public domain and as the protection of life, health and property against acute or potential infractions" (ISP, 1999:9). The absence of crime is merely one aspect of security. Security can refer to a potentially endless range of phenomena, which are perceived as threats to order and peace in the public domain, and which include subjective phenomena such as nuisance and degradation of the public domain.

Security shares its boundless conceptual characteristic with prevention, which can be applied to a potentially infinite number of phenomena as well. Moreover, prevention and security have a certain affinity. Security implies, at the very least, the absence of crime – which is also the objective of crime prevention. Furthermore, every perceived threat to public peace and order is a security issue, as well as a preventive issue as soon as measures are taken to avert these threats.¹⁴⁹

¹⁴⁹ An example of the affinity between prevention and security is the discussion of a number of recent large accidents in the Netherlands in the 1993 *Security Report* memorandum. For every accident discussed, government laid down several points of interest for policy – for instance, a traffic accident due to heavy fog led to the introduction of a fog detection system; a plane crash led to a risk analysis and improved emergency action plans; a department store fire led to in-

Before 1989, the notion of 'security' was reserved for matters of foreign policy (e.g. CA, 1982). Later on, the concept was increasingly applied to social problems. For instance, the 1994 government declaration stated: "Government will [...] continue its policy of social renewal in the major cities. More attention will be given to security in the streets, support of a tolerant society and the liveability in the cities, where societal problems accumulate" (GD, 1994:5809-5810). In this new context, security incorporated issues such as "language education, societal orientation, parenting support and [...] the problem of drop-outs" (CA, 1998:69) as well as "an integrated approach to the prevention, treatment and repression of crime" (CA, 1998:69).

The 1993 *Security Report*, which was "[...] published because of the rising social demand for security and safety" (SR, 1993:4), played a crucial role in the rise of the security paradigm. In the memoranda *Security Report, Security Policy 1995-1998* and *Integral Security Programme*, government (still)¹⁵⁰ tackled the issues of safety and of security together. However, safety issues caused by "coincidence, bad luck or fate" (SR, 1993:55), which included accidents, illness, natural disasters and so on, were conceptually distinguished from security issues caused by "deliberate human behaviour" (SR, 1993:55), such as crime and annoyance. In addition to registered crime and annoyance, from the outset the government understood the notion of security to include "subjective security" or "feelings of insecurity" (SR, 1993:4).

Simultaneously discussing security and safety created a "varied pattern-card of phenomena dealing with infractions of social life" (SR, 1993:4). What both notions shared, however, was their outlook on society: "Our society is a vulnerable society" (ISP, 1999:7).¹⁵¹ In terms of safety, society was vulnerable due to factors such as complex communication technology, industry and traffic. And in terms of security, society was vulnerable as a result of an "impersonal public domain" in which the behaviour of fellow citizens seems unpredictable and in which the state must intervene to compensate for a lack of social control (ISP, 1999:7-8).

creasing risk awareness of firemen; an explosion in a firework factory led to the conclusion that neighbouring municipalities should improve their cooperation; and an explosion in a chemical factory led to increased attention for safety regulations and a standardised report system for near-accidents (SR, 1993:33-44). In all these examples, a perceived threat to security was tackled by a preventive measure.

¹⁵⁰ From 2002 onward, security and safety policy have been kept separate. The simultaneous discussion of safety and security issues up to 2001 was also a consequence of the fact that Dutch language has only one word for both phenomena ('veiligheid').

¹⁵¹ In terms of safety, the government referred to a 'vulnerability paradox': "On the one hand, our systems of production, transportation and communication are becoming ever more complex and specialised. [...] At the same time, we are becoming ever more dependent on each other, on the systems we created ourselves, and on foreign countries" (SR, 1993:60).

A substantial part of the 1993 *Security Report* deals with the description of the status of safety and security in the Netherlands (SR, 1993:19-33). Three sets of issues were distinguished. In the first place, this concerned 'registered insecurity' or objective data on phenomena such as traffic and parking violations, noise nuisance or nuisance by drug addicts or drunk people, accidents in the public and private domain, and vandalism, burglary and robberies. A second set of issues referred to 'possible insecurity' or the risk of large accidents or disasters, and the third to public 'feelings of insecurity' or the percentage of people who feel insecure – a number which depends to a large extent on the quality of one's neighbourhood, previous victimhood and gender.¹⁵² In general, several considerations were important for prevention:

- Fragmented knowledge: "The insight into the status and underlying causes of safety and security is incomplete and limited" (SR, 1993:9).
- Law enforcement alone is insufficient: "A large part of the approach to insecurity in our society is – still – left to the police and the judicial authorities to deal with. [...] The capacity of the police and the judiciary will never be sufficient to deliver an adequate level of security" (SR, 1993:10).
- Risk awareness is too low: "The last couple of years, all sorts of small and large accidents have made painfully clear that our society is vulnerable" (SR, 1993:10).
- Providing security and safety has not been sufficiently understood as a specific administrative task: "There is too little structural attention for law and order and security as an independent result of administrative actions" (SR, 1993:12).

2.2.4. From a task-oriented to a problem-oriented approach

Crime prevention implied moving beyond a judicial approach alone: "In the 1980s, it became obvious that a reactive and solely control- and enforcement-based ap-

¹⁵² In the 1984 *Safety in the Private Sphere* memorandum, government provided an interesting insight into the nature of 'risks' in relation to safety issues. According to government, these are inextricably interrelated with subjective and dynamic perceptions: "It is a generally accepted principle that risks should be kept within proportions. What these proportions are can rarely be strictly determined. [...] This is partly a result of the fact that the notion of risk has an objective and a subjective element. Objectively, risk is the result of a calculation of odds that a certain event with specific consequences will occur. [...] But there is also the subjective character of risks: the personal perception of risks. [...] Contrary to the objective notion of risks, risk perception also deals with the assessment of chance and consequence: if there is a small chance of a potentially very large consequence, the severity of this consequence is of greater importance to the decision of whether to accept a risk or not than in the case of a large chance of a minor consequence. [...] Moreover, the perception of risks is culturally determined or embedded in a complex societal system of norms and values. Over time, this is not a constant factor" (SPS, 1984:11).

proach was ineffective for fighting petty crime, even with an increased effort by police and judiciary. The Society and Crime policy plan called attention to the underlying causes, such as decreasing social control and functional surveillance, and to 'safe' city planning and architecture. The Evolving Law memorandum placed new accents such as decaying normative awareness and the necessity of constructing networks [between authorities and social actors]. This approach has proven to be successful" (SR, 1993:13).

Examples of preventive activities outside the judicial realm included co-operation between shops and police to prevent shoplifting, Safe Homes Warranties to prevent burglary, the use of surveillance cameras, early detection of sexual violence by welfare organisations, insurance premium discounts for people who take preventive measures, prevention of drop outs, taking security issues into account when planning housing projects, tunnels, recreational areas and roads, and sharing knowledge with local governments and the public on best practices through a national centre for crime prevention (CC, 2001:17-19).

Reactive approaches to crime are confined to legally defined tasks. Law enforcement activities by the police, public prosecutor and judiciary deal with infractions of legally defined norms. The introduction of crime prevention in the 1985 *Society and Crime* memorandum not only led to the identification of a broader range of social phenomena relevant for crime policy, but also to the introduction of a new strategy of government. Instead of performing prescribed tasks in terms of law enforcement and administration of justice, prevention implies a "problem oriented" (SP, 1995:10) approach and goal-oriented administrative interventions in society.

The introduction of the security paradigm further intensified this move towards more goal-oriented policymaking and administration-centred approaches. 'Security' deals with a broader range of human activities than those mentioned in criminal law. Insecurity implies an infraction of social life (rather than an infraction of the law) and is therefore a notion which directly relates to people's lives and takes place in direct living environments: "The basic idea is that people feel at home, that they find their living environment attractive and that people feel secure at home and in the streets" (SP, 1995:25). Neighbourhoods should be "clean, well-kept and secure" (SP, 1995:30). In short, government does not take the law, but societal problems as point of departure for the organisation of preventive interventions.

2.3. Intervention power

2.3.1. The strategy of proximity

The problem-oriented approach to prevention had several implications for the state's preventive intervention repertoire. A first, logical consequence was the focus on the geographical places where crime and security issues occurred: "Insecurity is always seen in municipalities, in close proximity to citizens" (SR, 1993:7). The various measures and interventions proposed by the government shared a preference for implementation in citizens' direct living environments: "Recently, government has striven for an integrated approach to crime at the neighbourhood level via projects, by involving municipal services, the police, the judicial authorities, welfare organisations and citizens, all working together on the implementation of a coherent set of measures to reduce both objective and subjective insecurity" (SR, 1993:74).

An approach at the local level can be made to fit the actual situation at hand: every city, or even neighbourhood, has its own characteristic problems which call for customised approaches (SR, 1993:82-83): "In some neighbourhoods public order and security are under permanent pressure and correlate with annoyance and social disadvantages" (SP, 1995:7). To gain control of local situations and get close to specific problems, the government proposed to establish branches of the public prosecutor's office in problematic neighbourhoods (LES, 1996:2). These offices were to function as "forward defences" of the state's responsibility for public order and security (ISP, 1999:19).

As a consequence of the local approach, all relevant parties were obliged to coordinate their efforts at the municipal or neighbourhood level. Instead of simply performing their formal tasks, various actors and organisations were urged to develop a shared problem definition and a shared policy approach. Cooperation between "[...] police, public prosecutor, the municipal administrative department, and organisational units responsible for economic policy, welfare, traffic and transportation, spatial planning, education, public housing and so on" (SR, 1993:15) enabled a robust, integrated and non-fragmented approach (SR, 1993:14).

For instance, the establishment of local networks between child care organisations, schools and police made early detection and a personalised approach to adolescents possible (LES, 1996:19). And strengthening the tripartite consultations between mayor, police and public prosecutor, as was also laid down in the new (1993) Police Act, could help to further effective crime policy: "The public prosecutor is responsible for the offender-specific prevention of criminal acts (such as the approach to certain risk groups, including drug addicts who often

commit serious crimes). Upholding public order is the responsibility of the mayor, which also includes the general administrative prevention of criminal acts that affect public order and peace in the municipality. Mutual cooperation for the fulfilment of these tasks is needed and justly becoming more common" (SR, 1993:16).

In short, "local authorities are the pivot on which the security policy hinges" (ISP, 1999:27). A broad range of local actors bore responsibility for investing more in municipal integrated security plans, analyses of security situations per neighbourhood, and mobilisation of 'security partners', such as the public prosecutor's office, police, schools, welfare organisations and housing corporations (ISP, 1999:28; 41). Such an approach to crime and insecurity not only required the development of a broad intervention repertoire, but also depended on knowledge of the problems it aims to solve or mitigate. One of the government's main challenges in the implementation of its preventive ambitions was to gain insight into the nature and causes of security issues (SR, 1993:15) – this was "the basis for policy making" (SR, 1993:79). Local authorities were urged to gather data at the neighbourhood level to develop specific approaches for "attention neighbourhoods" and "problem neighbourhoods" (SR, 1993:106).

National government mainly had a supportive role, in that it determined the repressive margins for law enforcement, created the necessary organisational, technical, professional and financial preconditions for police forces, supervised the proper functioning of the entire system, and stimulated and supported other authorities in their task to increase security (SR, 1993:17-18).¹⁵³ Specific actions included the expansion of the capacity of police forces and cooperation with municipalities to draw up 'neighbourhood security plans' (SP, 1995:25).

National government also supported municipalities by gathering data on national trends, by developing possible effective interventions and by making standardised templates for security reports¹⁵⁴ (SR, 1993:88). Another effort was the development of a national 'youth monitor' to gain permanent and longitudinal insight in the relevant developments among adolescents, and to identify risk factors and risk groups which enable a prioritisation of preventive interventions (SP, 1995:18). A variant of this youth monitor was the national 'recidivism monitor' (RR, 2001:6), which aimed to gain "structural insight into the development of

¹⁵³ National government's supportive role required, at the very least, the efforts of the Ministries of Internal Affairs, Justice, Education, Social Affairs, and Housing (SR, 1993:83).

¹⁵⁴ For instance, a conceptualisation of the category 'subjective insecurity' can be made along the lines of data on the quality of one's neighbourhood, risk perception, fear of victimhood, concern for imminent developments, actual victimhood, feeling of insecurity, avoidance and wellbeing (SR, 1993:95-96).

recidivism” by “monitoring the behaviour of specific groups of ex-convicts through the years” (RR, 2001:6).

2.3.2. The strategy of coordination

As stated above, a problem-oriented approach required cooperation and coordination between a broad range of actors and organisations. So-called ‘integrated approaches’ referred to coordinated efforts by, for instance, the police, the public prosecutor’s office and municipality. Integrated approaches were also characterised by their combination of several preventive strategies. Prevention did not necessarily imply a strategy of care and support. More repressive interventions, such as surveillance and active prosecution, could be deployed for preventive purposes as well.

An effective crime prevention policy would cover “[...] the entire spectrum from specific repression, for instance to control street robberies, to broad protection in the form of neighbourhood management and renewal, urban renewal, employment [programmes] and so on. Neighbourhood management and urban renewal are pre-eminently activities that call for an integral approach. Only thus can something be structurally done to lower the incidence of nuisance and crime to an acceptable level” (SR, 1993:78).

Repressive, facilitative and supportive interventions can be useful for prevention. The preventive repertoire covered a broad range, including surveillance by neighbourhood police officers, alternative punishments for adolescents, repairing street furniture, installing extra street lighting, intensifying the frequency of public cleansing, taking names and addresses of offenders, and after-school care facilities (SR, 1993:123-124). Moreover, an effective crime policy would combine prevention with existing enforcement strategies: “Security issues can best be solved or controlled by employing a permanent combination of several approaches: law enforcement, administrative enforcement and prevention” (SP, 1995:12).

An example of a mixed preventive approach to crime – and the coordination required to implement such an approach – is the treatment of detainees within the judicial system. The period of detention is used for prevention of recidivism, hence combining repressive punishment (the consequence of a legal infringement) with supportive efforts to socialise offenders with a high risk of recidivism, such as habitual offenders and juvenile delinquents. The period of detention itself can be used to treat drug addictions or psychological disorders. And aftercare in the form of intensive support and monitoring can improve a phased reintegration into society (CC, 2001:39-41).

The basic strategy is to align the police, public prosecutor, correctional facilities and probation in such a way that they form an imaginary 'chain' or 'assembly line', constructed for a seamless transfer of the detainee from one organisation to the next: "The effectiveness of interventions benefits from probation activities for suspects and convicts during every phase of the criminal proceedings, from early support at the time of apprehension and police detention through to court advice, the actual trial and the execution of the punishment, and up to the phase of aftercare" (CC, 2001:12). Adequate indication and screening in the early phases enables the development of an effective reintegration programme.

Another example of coordination in crime prevention was evident in the approach adopted for dealing with problem adolescents, who had a high risk of developing criminal behaviour in the future. Here, the basic idea was to align all relevant organisations in such a way that problem adolescents could be identified, permanently kept in view, and approached for personalised interventions. Specific activities included early detection of possible problems at school, tackling educational disadvantages and school absence, and informing adolescents and parents on the dangers of alcohol, drugs, smoking, vandalism and violence. Local cooperation between schools, welfare work, police and youth care was a prerequisite for this to succeed (SP, 1995:17).

2.3.3. The strategy of personalisation

A final organisational implication of the problem-oriented approach is a focus on the people behind petty crimes. From a preventive point of view, this was a logical progression of the approach to petty crime: instead of merely 'stopping' crime by means of technical prevention or reducing the opportunities for crime by redesigning the built-up environment, government expanded its approach in order to tackle the perceived causes of crime.¹⁵⁵ In the 2001 memorandum *Crime Control*, government broadened its perspective from petty crime and the places where these crimes tended to be committed (such as on public transportation and in residential areas) to the people behind these petty crimes and the conditions in which they live. Specific target groups were identified on the basis of a statistically higher chance of delinquent behaviour, mainly encompassing habitual or repeated offenders (CC, 2001:10), adolescents, younger generations of cultural minorities, and drug addicts (SR, 1993:64; SP, 1995:15; SP, 1995:19).

The target group of habitual offenders was selected because of the disproportionate number of crimes they commit: "A large part of crime is committed by a small

¹⁵⁵ However, influencing the opportunity structure, intensifying surveillance and promoting technical prevention are still part of the intervention repertoire (e.g. CC, 2001:16).

part of all perpetrators; recidivism after a criminal sanction is high for this group" (CC, 2001:2). In terms of statistics, the top five percent of perpetrators with the highest number of police reports was found to be responsible for 26% of the total number of cases. And the top 1% alone was responsible for 12% of all cases – in total, a group of 12,000 persons (CC, 2001:11). Reducing crime among habitual offenders should focus on the prevention of recidivism and on reintegration into society: "[...] normal sanctions have little effect on these people" (CC, 2001:11). Instead, government proposed "to make use of the time in detention through programmes and treatment" (CC, 2001:40).

In the actual execution of sanctions, personalised approaches were proposed: "A personal approach in the form of support and monitoring appears to be of great importance for the effectiveness of sanctions. Investments are required in customised and in personalised approaches" (CC, 2001:3). More specifically, 'individual routing support' was to be implemented nationwide for the treatment of the most difficult group of habitual offenders (CC, 2001:14). Furthermore, after-care by the probation office was necessary to enforce conditions for early release from prison and for early interventions in case of relapse indications (especially for sexual offenders) (RR, 2001:11-13).

A second important target group were "problem adolescents" (CA, 1998:6206). The explosive rise in juvenile delinquency had become a major cause for concern during the 1990s (SP, 1995:15; CC, 2001:38). Apart from the fact that adolescents were responsible for a large percentage of all crime, they were also the logical focal point of prevention for reasons of effectiveness: "More so than adults, adolescents are susceptible to behavioural interventions. The earlier interventions against signs of criminal behaviour take place, the greater the chance of success" (JD, 1995:6).

Starting with the 1995 *Juvenile Delinquency* memorandum, the government developed a specific policy to prevent adolescents from becoming tomorrow's habitual offenders: "For most adolescents the availability of positive role models and corrective reactions by parents and occasionally the police or health care are adequate to prevent the development of a maladjusted lifestyle. The current individualistic society does not always provide these conditions. Of course, the state cannot take over parenting responsibilities. But it can support parents as much as possible" (JD, 1995:5). Especially for children with multiple problems, "the state has the responsibility to go to great lengths for the social integration of this risk group" (JD, 1995:6).¹⁵⁶

¹⁵⁶ Besides measures and approaches for individual problem adolescents by social work, police and probation, government also developed a policy for the general prevention of juvenile delin-

The Ministry of Justice set up collaborations with the police, local authorities, adolescents, schools and youth care to intervene at an early stage of developing delinquency (CC, 2001:39). As with habitual offenders, here too, “[...] a personalised approach seems to be the most promising, especially if interventions are possible at the very beginning of a criminal career” (CC, 2001:11). A first requirement for such an approach was to make early detection of problem adolescents possible, for instance, through a national electronic data system, which could be accessed by the police, public prosecutor’s office and childcare authorities (JD, 1995:12). Early detection should be followed by early interventions, to prevent criminal behaviour.

Welfare work could offer support to parents in the upbringing of their children: “The early detection of serious problems in the upbringing, and support for parents can help to prevent derailment and crime at a later age” (QS, 1996). Also, schools were expected to take responsibility for helping to prevent school absenteeism and dropouts. It was felt that education offered one of the most effective means to integrate adolescents into society, thereby preventing them from sliding into delinquency. Hence, adolescents were monitored and dropouts offered a chance to return to school or an alternative form of education (OGS, 1993:3; IPDO, 1999:3). Government’s ambition was for nobody to leave “[school] without a starting qualification for the labour market” (OGS, 1993:1).

If, in spite of these preventive activities, adolescents should fall into criminal ways, an “early, swift and consistent” response was required (JD, 1995:11). Moreover, the judicial reaction should be tailored to individual circumstances and be directed at the prevention of recidivism. For instance, alternative punishments, such as community services, could be appropriate, especially for adolescents receptive to the pedagogical intent of this type of punishment. For juvenile delinquents sentenced to detention, reintegration into society was pursued through individual support with a focus on social skills, education, work experience and guidance to the labour market (JD, 1995:17).

A third target group identified by the government consisted of adolescents from several cultural minorities. Even more so than adolescents in general, these specific groups of adolescents are overrepresented in crime figures: “[...] government can and should not close its eyes to the fact that, especially in the larger cities, migrant adolescents have derailed or threaten to do so. Less well known, but equally important, is the fact that cultural minorities are also the victim of various

quency. This included proposals to reduce violent images on television and the number of coffee shops, to enforce age limits in coffee shops and to intensify information activities on (soft) drugs (JD, 1995:14-16).

kinds of insecurity. Both phenomena indicate a poor integration process, which not only has to do with belonging to a minority group, but also with social arrears [...]” (SR, 1993:65).¹⁵⁷

Of the total number of apprehended adolescents in the cities of The Hague, Amsterdam, Rotterdam and Utrecht in 1990 (mostly for petty crimes such as shoplifting and burglary), 70% belonged to a cultural minority – while minority adolescents in these cities only make up 40% of the entire adolescent population (SR, 1993:70). Moroccan and Antillean adolescents were particularly overrepresented in these crime figures – groups that also exhibited a high degree of social disadvantage, such as a low level of educational attainment, low level of social participation, language arrears and poor living environment: “People without bonds to society feel less inclined to follow the rules of this society” (CIEM, 1997:10). Moreover, specific traditional family situations and child rearing practices clashed with the characteristics and norms of Dutch society (CIEM, 1997:16-20).

Early detection of problems, early interventions and personalised approaches were required to stop these adolescents from causing problems in the future. The adage was: “early intervention and no letting go” (CIEM, 2001:2). This was not only a crime issue, but was related to broader social issues of integration: “We must prevent these groups from turning away from society, or even worse, turning against society” (GD 1998:6212). Language and family support at an early age were considered crucial, as was preventing adolescents from dropping out of school (CIEM, 1997:28-33). Furthermore, municipalities developed “unorthodox preventive strategies” including teaching material, individual routing for juvenile delinquents and risk adolescents, pre-school language support, neighbourhood consultations, after-school activities, dialogues with parents, intercultural activities, street corner work and so on (CIEM, 2002:2-9).

The fourth and last specific target group mentioned by government was that of the delinquent drug users, who also tended to be habitual offenders and the source of a great deal of annoyance and crime, from drug tourism to selling drugs on the streets, begging, littering syringes and causing nuisance and feelings of insecurity in neighbourhoods (SP, 1995:19). One of the proposed measures was to separate the markets for soft and hard drugs, as well as to separate the policy

¹⁵⁷ As early as 1990’s *Evolving Law* memorandum, government indicated that the trend towards a ‘multicultural society’ could pose new crime issues. On the one hand, fighting discrimination was becoming increasingly important, and on the other hand, tensions between the norms of some migrant groups and Dutch law could arise. Especially threatening was the development of some adolescents from migrant groups (especially Moroccan adolescents), who abandoned their own traditional norms and rejected Dutch legal norms (EL, 1990:15-16).

approach to both categories of drugs. Also, the government aimed to provide care for addicts, take repressive action against crime involving hard drugs, control nuisance resulting from the sale of soft drugs, and inform adolescents about the dangers of drugs (SP, 1995:19-21).

2.4. Synopsis

Two important developments in Dutch crime policy between 1993 and 2001 stand out. The first was the emphasis on increased interventions by the state in the public domain. Instead of a more or less principled stance on the range of state responsibility, as was the case between 1985 and 1992, a *pragmatic and problem-oriented understanding of state responsibility* emerged. This development towards a broader understanding of state responsibility can be understood as a logical consequence of the prevention perspective. Prevention is by definition problem-oriented: instead of executing a formal task or competence, it aims to avert undesirable phenomena. A strict limitation of state responsibilities for public order may be justified from, for instance, a legal point of view, but can be perceived as irrelevant or ineffective from a preventive point of view – the limitation of state responsibilities is only relevant in so far it contributes to a desired solution. The prevention perspective leads to a focus on the causes of criminal behaviour and therefore to *a move beyond the legal framework*.

This broadening of state responsibility was expressed in the proposed increase of surveillance and law enforcement in the public domain. This was not merely a response to objectively identifiable personnel shortages in police and judicial apparatus, but was also designed to have a more societal effect. A *visible presence of the state* in the public domain would simultaneously serve law enforcement, enable prevention of crime through deterrence, and contribute to the credibility of the state as law enforcer.

Another expression of the problem-oriented approach was the focus on deviant elements in society. In contrast to the previous period, in which government confronted the individualising society in general, crime prevention was now directed at the specific geographical places and target groups which showed significantly higher levels of criminal behaviour. Instead of looking for causes of crime in structural developments of society, the focus was now on the causes of crime in individual behaviour and living circumstances. And instead of trying to turn back the tide of individualisation through norm-oriented prevention, government now aimed to *integrate and socialise deviant individuals* into society.

A second important development in crime policy moved the dominant problem definition even further beyond the confines of the legal framework. From 1993 onwards, the notion of ‘security’ was developed to describe a certain desirable status or quality of the public domain: “Security can be defined as the pres-

ence of a certain order and peace in the public domain and as the protection of life, health and property against acute or potential infractions" (ISP, 1999:9). Even though crime remained the dominant notion up to 2001, the *slow rise of the security paradigm* implied a substantial broadening of the government's scope of attention.

Whereas crime is a legally defined concept, security can be applied to a potentially limitless range of societal phenomena that are perceived as a threat to the order and peace in the public domain. Crime is but one of these threats; others are nuisance, the degradation of the public domain, and subjective feelings of insecurity. Insecurity implies an infraction of social life rather an infraction of the law.

Furthermore, security and prevention share a conceptual affinity. First of all, both notions are boundless and can be applied to a potentially infinite number of societal phenomena. And second, security implies the absence of infractions of public peace and order. The measures taken to avert threats to public peace and order are preventive in nature. Prevention is no longer solely associated with crime, but with a broader range of threats to security. Security refers to a certain status or quality of the public domain, prevention encompasses the aversion of threats to this status or quality.

These two developments in definition power had consequences for the state's intervention power. A first consequence regarded the focus on geographical locations where the risks of crime and insecurity were the highest. Petty crime and other security infractions often occur in citizens' direct living environments. The government therefore developed a *strategy of proximity*: the 'forward defences' of law enforcement became organised at municipal and even at neighbourhood level. While a judge is the pivotal figure in the administration of justice, the mayor became the pivotal figure in crime prevention and security policy.

A second consequence was the development of a broad intervention repertoire around a shared problem definition. Police, municipality, public prosecutor, correctional facilities, probation office, schools, youth care and welfare work were all acknowledged as being relevant actors in the organisation of prevention. Crime prevention was seen as not being limited to a specific task or formal authority, but as having many different faces: deterrence through surveillance, reparation of street furniture, reintegration programmes in detention to prevent recidivism, early detection of school absenteeism, family support for parents with problem adolescents, and so on. Therefore, a *strategy of coordination* was required to develop an effective set of interventions between formally separated organisations and policy domains.

A third consequence was the shift in focus from petty crime to the people committing these crimes. Instead of merely 'stopping' crime by means of technical prevention or reducing the opportunities for crime by redesigning the built-up environment, the government focused on the perceived source of the problem: deviant individual behaviour. And instead of taking society in general as the object of norm-oriented prevention (such as in the previous period), the government focused on the socialisation of individual deviant citizens. Targets groups and areas were identified on the basis of a statistically higher chance of delinquent behaviour: habitual offenders, delinquent drug addicts, problem adolescents, the younger generations of certain cultural minorities, and the characteristics of their urban living environments became the objects of intervention. This *strategy of personalisation* aimed to structurally prevent crime by reintegrating offenders into society and preventing potential offenders from sliding off into a criminal career.

PART 3: CRIME PREVENTION AS BEHAVIOURAL INTERVENTION (2002-2011)

3.1. Introduction

Although just one year apart, the 2001 *Crime Control* memorandum and its 2002 successor *Towards a Safer Society*¹⁵⁸ seem, at first sight, miles apart in content and tone. Whereas the dominant notion in the former is ‘crime’, the latter incorporates crime into a broader notion of ‘security’. And whereas the former is almost technocratic in nature, the latter expresses an attitude of decisiveness in the face of societal problems.

The first difference is a result of a paradigm shift from crime to security. The broad notion of security had been gaining traction since the 1990s, but only became the conceptual basis for policymaking from 2002 onwards. As a consequence, the scope of *Towards a Safer Society* and its successors was considerably broader than the scope of *Crime Control*.¹⁵⁹

The second difference between *Crime Control* and *Towards a Safer Society* is an intensification of the problem-oriented approach, which followed hard on the heels of the unexpected emergence of populist leader Pim Fortuyn on the eve of the 2002 Dutch parliamentary elections. Fortuyn, who was murdered days before the elections, focussed on immigration, integration and security issues. Following the tumultuous 2002 elections, these issues would come to dominate the political discourse and agenda in the years to come:¹⁶⁰ “Citizens have given expression to an undercurrent of dissatisfaction, of discontent and of shaken trust; discontent with politics, in which so many citizens’ problems such as annoyance and insecurity go undiscussed, [...]” (GD, 2002:5466). The very first words of the 2002 coalition agreement were: “The Netherlands must become more secure [...]”

¹⁵⁸ In Dutch: *Naar een veiliger samenleving*; TK 2002-2003, 28684/1. References to quotations in the text are abbreviated as ‘TSS, 2002’, followed by the page number.

¹⁵⁹ This paradigm shift is exemplified by the change of name of the Dutch Ministry of Justice into the Ministry of Security and Justice in 2010 (<http://www.rijksoverheid.nl/ministeries/venj>; consulted d.d. 6-2-2011).

¹⁶⁰ However, it is highly unlikely that the issue of security had become a major societal issue overnight. To explain its sudden emergence as a core political issue, the interplay between politicians and electorate should also be taken into account. Politicians do not only *describe* social problems that are already ‘out there’ merely waiting to be ‘discovered’ in social reality, they also *define* social problems by articulating them in the political arena. To be more precise, political representation is both; a political issue only comes into being when it is expressed as such in the political arena, but can only be said to be representative when this issue is recognised as a relevant social problem by a certain number of citizens. Problems are not ‘there’, just as politicians do not simply ‘create’ problems – rather, societal problems and political issues are a result of a subtle interplay between perceptions, articulations and public recognition of contested societal phenomena.

(CA, 2002:3).¹⁶¹ The government's redoubtable attitude was reflected in the use of language such as "tackling the problem by the root" (TSS, 2002:17), "taking up the gauntlet" (TSS, 2002:17) and "reclaiming the public domain"¹⁶² (TSS, 2002:18).

While these two discontinuities had important consequences for the actual policy approach (as is discussed in the following), it is also important to stress the continuities between the previous period and the period from 2002 onwards. In many ways, the *Towards a Safer Society* memorandum is a progression and intensification of earlier developments and directions. For instance, the dominance of the security paradigm can be understood as being a logical result of an evolution, which was set in motion by 1993's *Security Report*.

Furthermore, the government's decisiveness in tackling security issues fits with the problem-oriented approach inherent to a strategy of prevention. In 1985, the government's ambition was to make the administration of justice an 'ultimum remedium'. In 2001, government stated that "[c]rime control starts with prevention" (CC, 2001:2). And in 2007, this adage was repeated – even in the title of the 2007 memorandum *Security Starts with Prevention*.¹⁶³ Moreover, the strategies of proximity, coordination and personalisation – developed between 1993 and 2001 – were also brought to their logical conclusion from 2002 onwards: the government's preventive intervention repertoire was designed to organise activities in citizens' direct living environments, to cross organisational boundaries which are ineffective from a preventive point of view, and to realise behavioural change in risk citizens.

In addition to the aforementioned *Towards a Safer Society* and *Security Starts with Prevention* memoranda, the analysis of the post-2002 period is based on the following policy memoranda: *Private Violence – A Public Concern*,¹⁶⁴ *Plan of Attack*

¹⁶¹ Echoing a line from 1999's *Integral Security Programme*: "The Netherlands must become more secure" (ISP, 1999:7).

¹⁶² Compare this with its more modest equivalent in 1998's government declaration: "the streets should be given back to citizens" (GD, 1998:6206). 'Reclaiming' instead of 'giving back' is not a merely semantic difference, but expresses the drive and urgency behind government's crime policy from 2002 onwards.

¹⁶³ In Dutch: *Veiligheid begint bij Voorkomen*; TK 2007-2008, 28684/119. References to quotations in the text are abbreviated as 'SSP, 2007', followed by the page number.

This memorandum is the successor to the memorandum published in 2002 called *Towards a Safer Society*. By and large, *Security Starts with Prevention* builds upon the foundation laid by *Towards a Safer Society*: the objectives remain intact and are pursued "full speed ahead" (SSP, 2007:3).

¹⁶⁴ In Dutch: *Privé Geweld – Publieke Zaak*; TK 2001-2002, 28345/1-2. References to quotations in the text are abbreviated as 'PVPC, 2002', followed by the page number.

Public Transport Security,¹⁶⁵ *Persistent and Effective*¹⁶⁶ and *Action Programme Juvenile Delinquency*,¹⁶⁷ all published in 2002, the 2003 memorandum *Intensive Approach Habitual Offenders*,¹⁶⁸ *Operation Young*¹⁶⁹ (2004), *Action Plan Against Violence*¹⁷⁰ (2005), *Offensive on Drop Outs*¹⁷¹ (2007), *Action Plan Annoyance and Degradation*¹⁷² (2008), and *Nuisance Youth under the Age of 12*¹⁷³ (2008).

3.2. Definition power

3.2.1. The security paradigm

‘Security’ became the dominant policy paradigm in the 2002 memorandum *Towards a Safer Society* – also known as the ‘security programme’. This marked an important step in a conceptual development, which had started with the introduction of administrative prevention in 1985’s *Society and Crime*. The prevention perspective transformed crime from a strictly legal issue into a societal issue. And the paradigm of security broadened the scope from the limited notion of crime to a potentially infinite number of (subjectively identified) threats to peace and order in the public domain.¹⁷⁴

As discussed in the analysis of crime policy between 1993 and 2001, the notions of prevention and security have a strong conceptual affinity. Not only can both notions apply to a potentially limitless range of social phenomena, they can in many cases be understood as forming two sides of the same coin: whereas security refers to a certain status or quality of the public domain, prevention is the aversion of threats to this status or quality.

¹⁶⁵ In Dutch: *Aanvalsplan Sociale Veiligheid Openbaar Vervoer*; TK 2002-2003, 28642/1. References to quotations in the text are abbreviated as ‘PAPTS, 2002’, followed by the page number.

¹⁶⁶ In Dutch: *Vasthoudend en Effectief*; TK 2001-2002, 28292/1-2. References to quotations in the text are abbreviated as ‘PE, 2002’, followed by the page number.

¹⁶⁷ In Dutch: *Actieprogramma Aanpak Jeugdcriminaliteit*; TK 2002-2003, 28741/1. References to quotations in the text are abbreviated as ‘APJD, 2002’, followed by the page number.

¹⁶⁸ In Dutch: *Intensieve Aanpak Veelplegers*; TK 2002-2003, 28684/10. References to quotations in the text are abbreviated as ‘IAHO, 2003’, followed by the page number.

¹⁶⁹ In Dutch: *Operatie Jong*; TK 2003-2004, 29284/1. References to quotations in the text are abbreviated as ‘OY, 2004’, followed by the page number.

¹⁷⁰ In Dutch: *Actieplan Tegen Geweld*; TK 2005-2006, 28684/65. References to quotations in the text are abbreviated as ‘APAV, 2005’, followed by the page number.

¹⁷¹ In Dutch: *Aanval op de Schooluitval*; TK 2007-2008, 26695/42. References to quotations in the text are abbreviated as ‘ODO, 2007’, followed by the page number.

¹⁷² In Dutch: *Actieplan Overlast en Verloedering*; TK 2007-2008, 28684/130. References to quotations in the text are abbreviated as ‘APAD, 2008’, followed by the page number.

¹⁷³ In Dutch: *Overlast door 12-minners*; TK 2007-2008, 28684/167. References to quotations in the text are abbreviated as ‘ACA, 2008’, followed by the page number.

¹⁷⁴ This, of course, does not imply that the notion of crime was abandoned in the administration of justice.

While a clear definition of ‘security’ was lacking in the various policy memoranda, the government listed crime, nuisance and the deterioration of the public domain as three core objects of security policy in *Towards a Safer Society* and *Security Starts with Prevention* (e.g. TSS, 2002:11; SSP, 2007:8). In practice, several issues, which had long been dealt with through traditional social policy, including urban renewal,¹⁷⁵ social renewal,¹⁷⁶ major cities policy,¹⁷⁷ youth policy,¹⁷⁸ and the integration of cultural minorities and migrants,¹⁷⁹ also became relevant for the security paradigm and, as a consequence, were assessed in terms of (crime) prevention.

Moreover, subjective feelings of insecurity among the population were an important justification for increased state activities:¹⁸⁰ “The insecurity which many citizens experience is intolerable. There is often a great deal of discontent about robberies, violence, vandalism and annoyance by other citizens, not to mention the high levels of material and immaterial damage. This was the clear message sent out by the public during the [2002 parliamentary] elections. This government takes up the task of doing justice to this powerful call by society” (TSS, 2002:5). Previous policy memoranda had usually stressed objective crime figures (e.g. CC, 2001:4-5), but in *Towards a Safer Society*, reference is instead made to the level of public discontent to justify policy ambitions: society must become more secure, “not just in objective figures, but especially in the subjective feelings of citizens” (TSS, 2002:7).¹⁸¹

3.2.2. From legal order to public order

A logical consequence of the security paradigm was a focus on the quality of the public domain. Of course, law enforcement and previously developed preventive activities, such as surveillance and technical prevention, also took place in the public domain. However, these activities were justified by reference to crime and thereby to the legal order. From this perspective, the public domain was the geo-

¹⁷⁵ See for instance the memorandum *Urban and Rural Renewal*, TK 1980-1981, 16713/2.

¹⁷⁶ See for instance the memorandum *Social Renewal*, TK 1989-1990, 21455/4.

¹⁷⁷ See for instance the memorandum *Major Cities Policy*, TK 1988-1989, 21062/2.

¹⁷⁸ See for instance the memorandum *Youth Policy*, TK 1983-1984, 18545/2.

¹⁷⁹ See for instance the memorandum *Action Programme Immigrant Policy*, TK 1990-1991, 21971/2.

¹⁸⁰ Furthermore, “feelings of insecurity” became, next to objective crime figures, an equally important performance indicator for policy in the aptly titled 2007 memorandum *Security Starts with Prevention* (SSP, 2007:50).

¹⁸¹ Objective crime figures have, generally speaking, not increased in the previous years, except for in certain domains such as juvenile delinquency: “Although the increase has stopped, the level of crime in general remains high. Violent crime – mainly offences which cause societal agitation – has not decreased; juvenile violence has even undergone an explosive growth in recent years” (CM, 2001:4-5).

graphical site where criminal behaviour could be detected or prevented. By contrast, the security paradigm took the public domain as the object of interventions. State interventions were no longer a response to violations of the rule of law, but were now justified by concerns for general public order. The government's objective was not only to reduce crime figures, but more in general to create an "atmosphere of security" in citizens' direct living environment (TSS, 2002:40).

Even though the dangers of "neglecting the public domain" (ISP, 1999:7) had already been emphasised in 1999's *Integral Security Programme*, it was not until 2002 that the government made it the central concern of its policies: "Nuisance and degradation of the quality of the living environment need to be stopped and, if possible, prevented" (TSS, 2002:40; 65). Violence in the public and semi-public domain, whether in traffic, in sports, in public transport, during nights out, at work, at school or in one's own neighbourhood (SSP, 2007:4), was a particular concern, since this directly affects the feelings of insecurity and personal freedom of citizens.

According to government, nothing less than the foundations of society were at stake: "Where the feeling of security disappears and a climate of insecurity grows, solidarity diminishes, suspicion grows, and trust among citizens and between citizens and the state disappears" (CA, 2002:9). These issues were most urgently felt in the major Dutch cities, such as Amsterdam, Rotterdam and The Hague. Hence, government set out to "protect society" (TSS, 2002:32) and "reclaim the public domain" (TSS, 2002:18).

Society was vulnerable to crime, violence, annoyance and degradation, and was in need of "[...] a government which stands firm, acts and guards" (CA, 2002:6). In general, the government resolved to take a firmer stance against infractions of public order: "We are currently experiencing a partially outdated culture of tolerance with regard to annoyance and behaviour conducive to crime in the (semi-) public domain. [...] Misguided tolerance should be driven back and the social structure should be enforced" (TSS, 2002:13).

Even though prevention and the security paradigm are tightly related, government focus on public order did not only imply an increase of prevention. Improving security required investments in law enforcement, as well. A familiar strategy was employed in this respect: the capacity of the police, public prosecutor, courts and detention centres was increased, a modernisation of the institutions entrusted with law enforcement and forensic research (such as use of DNA-techniques) was carried out, and the efficiency of courts and detention centres was enhanced to guarantee an adequate response to all reported crimes (TSS, 2002:8; 13-14; 23-24; 28-30; SSP, 2007:6). These increased capacities were implemented with a view to "the issues contributing the most to feelings of insecurity

urity among the public" (TSS, 2002:5), such as violence, mugging, vandalism, and misbehaviour in public transport (TSS, 2002:5).

Furthermore, the government was "[...] also prepared to take some unorthodox measures to realise its ambitions" (TSS, 2002:6).¹⁸² Most of these measures involved increasing the powers of public authorities involved with security issues (TSS, 2002:6-7, 36-37; SSP, 2007:8):

- Creating 'urgency areas' in which public authorities were granted additional competences to stop degradation and restore authority;
- Creating new detention methods for habitual offenders and adolescents;
- Strengthening and increasing the possibilities for effective control and surveillance in the public domain;
- Expanding the competences of the public prosecutor to conclude cases more efficiently;
- Increasing the number of police hours spent in the streets;
- Introducing the legal possibility for an administrative fine for nuisances and disturbances in the public domain;
- Introducing compulsory general identification;
- Developing a legal framework for the use of CCTV-surveillance by local authorities.

In many cases, this increase in powers and in law enforcement efforts was tightly related to prevention. Risks often form the selection mechanism for objects of intervention. Increased efforts in law enforcement were usually directed at places posing a heightened risk for crime and annoyance. And the expansion in formal powers was based on the same logic: 'urgency areas' were risky places, new detention methods were developed for risk citizens, and CCTV-surveillance served the preventive objective of deterrence in risky places and at risky times. In short, both law enforcement and the development of new formal competences became infused by the prevention perspective.

3.2.3. Risks and the sources of insecurity

Prevention was a core element in government's security policy, as expressed in the emphasis on 'risk' for the identification of objects of intervention from 2002

¹⁸² The various measures discussed here not only aimed to directly reduce crime and nuisance, but also to decrease the overburdening of the judicial apparatus, whose capacity was disproportionately absorbed by dealing with habitual offenders, leaving little time for tackling other forms of crime (TSS, 2002:16).

onwards.¹⁸³ Risk, commonly defined as ‘the chance of future damage’, served as the explicit mechanism by which the government identified potential sources of crime and insecurity. In the period between 1982 and 1992, preventive activities were based on the construction of a causal scheme between the individualisation of society and the increase in petty crime. In the period between 1993 and 2001, a causal scheme was constructed between certain target groups and the high levels of petty and violent crime. And in the period from 2002 onwards, risk citizens,¹⁸⁴ risk factors, risky times and risky places were identified as “notorious sources of annoyance and crime” (TSS, 2002:11).¹⁸⁵

The approach to risk citizens involved “[...] the specific groups which cause crime and annoyance in the public domain: habitual offenders and risk adolescents. The cabinet’s line of reasoning was to get crime off the streets by approaching these groups, which should lead to a decrease of insecurity, (drug) annoyance and degradation of the public domain” (TSS, 2002:11). Especially illustrative of the government’s preventive ambitions was the approach to at-risk adolescents. Ideally, criminal or otherwise problematic behaviour should be prevented.¹⁸⁶ To make this possible, screening programmes to identify at-risk adolescents were essential: “Early detection of problematic behaviour [...] is of great importance. Many scientific studies show that early-stage interventions offer the greatest chance of behavioural change” (SSP, 2007:12). A second requirement was the development of early and personalised interventions. Behavioural interven-

¹⁸³ To illustrate, in the 61 pages of the 2001 *Crime Control* memorandum the word ‘risk’ (or variations of it) is used only seven times, compared to 35 times in the 108 pages of *Towards a Safer Society* in 2002.

¹⁸⁴ The term ‘risk citizens’ is not found in the analysed policy memoranda, but is used here to describe the various ‘risk groups’, to which the government does refer: habitual offenders, risk adolescents, risk adolescents under the age of twelve, citizens who loiter at certain places and hours of the day, and citizens who are susceptible to risk factors of violent behaviour.

¹⁸⁵ Besides approaches to the causes of crime and annoyance, strategies to influence the opportunities for criminal behaviour continued to be pursued. The issue of technical prevention – brought up for the first time in 1985 – is still a relevant strategy for crime prevention in 2007. For instance, in order to do something about the “unacceptably high level of 750.000 stolen bicycles per year”, more and secure bike parks, new technological methods such as ‘tagging’ of bicycles and registration in a national database of stolen properties were proposed (SSP, 2007:6). Just as new technology can spark new types of crime – such as ‘cybercrime’ (SSP, 2007:7) – new technologies can also be used to prevent crime.

¹⁸⁶ Government repeats the adage first stated in 1985’s *Crime and Society* that the administration of justice should be the last resort in crime policy, only to be employed if prevention should fail: “The first correction of delinquent behaviour is often a judicial one. Criminal law is not the last but the first chain in law enforcement” (TSS, 2002:4-5).

tions were to be tailored to every identified adolescent's "risk profile" (SSP, 2007:12).¹⁸⁷

Complementary to the personalised approach to risk citizens, surveillance systems could be used to monitor the public domain, putting specific emphasis on risky times and places: "Surveillance and law enforcement will be executed at places and times which have an increased risk of crime, violence and annoyance. These are places like train stations, bar districts, shopping centres, areas around coffee shops, places where adolescents loiter, et cetera. Rules will be strictly enforced. Police and municipalities will have more authorities. The efforts of supervising officers, enforcement authorities and private security organisations will be expanded" (TSS, 2002:34). For instance, to increase the security in public transport for both staff and passengers, more entrance gates were installed to keep "nuisance individuals" out, more security personnel was introduced on trams and subways, and more CCTV-surveillance devices were installed at stations (TSS, 2002:35).

The final strategy concerned the approach to 'risk factors' for violent behaviour. In *Security Starts with Prevention*, the government stated that alcohol, drugs, weapons, and violent images in the media could "function as a catalyst for aggressive behaviour" (SSP, 2007:5; 8-9). In other words: certain factors in everyday life could increase the risk of citizens behaving violently. This led the government to develop disincentives and barriers, discouraging people from coming into contact with these risk factors. For instance, government proposed a stricter approach to soft drugs, consisting of a required minimum distance between 'coffee shops' and schools, immediate closure of coffee shops after any violation of the regulations, and the discouragement of coffee shops in the border regions (SSP, 2007:9). Several similar measures were taken against alcohol abuse.¹⁸⁸

3.2.4. A shared responsibility

In the 1985 memorandum *Society and Crime* and the 1990 memorandum *Evolving Law*, the government developed a division of responsibilities between state and society in the prevention of crime. Citizens were called upon to take responsibility for technical prevention and norm enforcement. Failure to do so meant that the state would be unable to compensate for the decay in social norms. At the same time, this served as an argument for the government to limit the state's responsibilities. In the period between 1993 and 2001, both the idea of citizen responsibil-

¹⁸⁷ Government introduced a special Committee for the Approval of Behavioural Interventions in the judicial apparatus (in Dutch: *Erkenningscommissie Gedragsinterventies Justitie*). This committee is responsible for the development of quality marks for behavioural interventions which are proven to be effective (SSP, 2007:13).

¹⁸⁸ These are further discussed in the chapter on public health policy.

ity and the limitation of state responsibilities had largely disappeared from policy considerations, even though the problem-oriented approach to crime implied further expansion of state interventions in society.

However, especially after the appearance in 2007 of *Security Starts with Prevention*, a new explicit understanding of state and citizen responsibility developed. Next to a strict approach to offending citizens – “[t]hose who cross limits, will be firmly dealt with” (GD, 2007:2632) – society as a whole was object of a re-emerging norm-oriented approach. The main concern was the lack of social cohesion, especially in problematic neighbourhoods: “Personal freedom and development can only exist if the things which tie people together [...] are stronger than the things which distinguish them from each other” (CA, 2002:6). “Security, stability and respect characterise the society this cabinet has in mind. A society in which people feel secure, familiar and connected to each other” (SSP, 2007:1).

This time, the government developed an understanding of shared, rather than divided, responsibilities. This subtle, but highly significant difference lay in the transformation of the government’s understanding of ‘responsibility’. In *Society and Crime* and *Evolving Law*, ‘individual responsibility’ was understood to refer to accountability. Every citizen was, to some extent, perceived as being responsible for the protection of his own property by means of technical prevention. Moreover, the citizens themselves were primarily responsible for norm enforcement. The state had a limited and complementary responsibility.

This more or less principle division of responsibilities was gradually abandoned from 1993 onwards – first implicitly, as a result of the emphasis on problem-oriented approaches in crime prevention, and later explicitly as part of a more decisive attitude with regard to public order issues.¹⁸⁹ The explicit transformation of both citizen and state responsibility rested on two arguments. First, citizen responsibility was no longer defined in terms of accountability for personal actions, but in terms of a specific form of active engagement for the public cause: “Citizens should act in accordance with the behavioural norms they also apply in the private domain. [...] Indifference and keeping aloof from the public domain eventually lead, or at least contribute, to insecurity” (ISP, 1999:12). Government aimed “to restore the balance between rights and duties” (GD, 2010:3).

And second, government constructed an interdependence between state and citizen responsibility: a “shared responsibility for security in the public domain is a precondition for a successful security policy [...]” (ISP, 1999:12). And elsewhere: “The public domain belongs to the state and citizens together” (ISP, 1999:12). Furthermore, an imaginary alliance was constructed between govern-

¹⁸⁹ The telltale title of the 2010 coalition agreement is *Freedom and Responsibility* (CA, 2010).

ment and society: government aimed to “become an ally of citizens” (CA, 2010:3; cf. CA, 2007:3). As a result, there was – in the eyes of government – no contradiction between increased state efforts and the interests of citizens: “Participation [...] means that people are responsible together for the quality of their living environment, means that people see norms and rules not as an obligation to the state, but as something we all want, and it means that people are supported in this cause by the government” (GD, 2003:4284).

Whereas the division of responsibilities between 1982 and 1992 was a mechanism to limit state responsibility, the construction of a shared responsibility became a mechanism or justification for a further expansion of state responsibility. Moreover, the expansion of state responsibilities was justified as serving the interests of citizens. On the one hand, the state “[...] cannot handle security issues without the support of others” (TSS, 2002:10), on the other hand, society required protection and support by the state to realise a more secure public domain.

Besides justifying an expansion of state interventions (which is discussed in the following section on intervention power), the idea of a shared responsibility also implied a justification of the efforts to activate citizens. The “joint effort” (TSS, 2002:4) by state and society required at the very least law-abidance by citizens: “The state cannot uphold laws and rules when citizens and companies themselves do not feel responsible for abiding by them” (CA, 2003:9). But more is required. The government appealed directly to citizens to actively contribute to improving security: “Everyone must participate” (CA, 2003:4), since “a society cannot be changed by mere decree or by the grace of money” (CA, 2002:6). In practice, this led, for example, to police officers directly calling citizens and companies to account, for instance in cases of nuisance or littering (TS, 2002:36-37).

Especially on the municipal and neighbourhood level, the contribution of citizens was seen as indispensable: “Government needs to address citizens, adolescents, schools, companies, public services and societal organisations on their contribution [to crime prevention]. Neighbourhood initiatives to control crime and decrease annoyance will be supported” (CA, 2007:27). An example of cooperation between police and citizens was the introduction of the so-called ‘civil network’:¹⁹⁰ “Through ‘civil networks’, the emergency room involves citizens to look out for persons or vehicles that have been involved in, for instance, burglary. Citizens who have joined the network can distribute ‘real time’ information on escape paths to the emergency room. This way, the police can track down suspects more efficiently and, as a result, the chances of apprehension are increased” (TSS, 2002:23). Furthermore, ‘the civil network’ can be used to inform citizens

¹⁹⁰ In Dutch: *Burgernet*.

about security aspects and liveability aspects of their neighbourhood, which could have a positive effect on their perception of nuisance and insecurity (SSP, 2007:10).

Other relevant forms of cooperation with citizens and businesses¹⁹¹ included covenants between the municipal authorities and local bars and clubs on the prevention of dangerous situations, the introduction of Safe Night Out warranties, Safe Business warranties, and Safe Homes warranties, and the stimulation of insurance companies to take up preventive measures in their policies and to utilise differentiation in insurance premiums (TSS, 2002:43). Furthermore, the government adopted a positive stance towards private security companies as a complementary support to police control and surveillance (TSS, 2002:38).

3.3. Intervention power

3.3.1. Proximity: in the neighbourhood

In the period between 1993 and 2001, the government's problem-oriented approach to crime issues was characterised by three strategies. The strategy of proximity referred to the emphasis on local administration to take preventive action. The strategy of coordination referred to the organisation of a broad set of activities around a shared preventive problem definition. And the strategy of personalisation referred to the identification of risk citizens as objects of intervention. From 2002 onwards, the specific focus on public order led to a further expansion of these three strategies.

The strategy of proximity fits both the security paradigm and the perspective of prevention. Security refers to a certain quality of the public domain, more specifically of citizens' direct living environments. And prevention implies a focus on the societal causes and breeding grounds of crime, annoyance and other sources of insecurity. A further emphasis on organising interventions in close proximity to citizens can therefore be understood as a logical consequence of the affinity between security and prevention.

The government's problem definition stressed everyday living environments, in which problems such as crime, annoyance, violence and degradation occur. While the previously held paradigm of 'crime' can be seen as an individual

¹⁹¹ Businesses were also made aware that it was in their self-interest to cooperate with the state to prevent crime against their property. The 1992 established National Platform Crime Control (in Dutch: *Nationaal Platform Criminaliteitsbeheersing*), public-private cooperation led to the development of various measures and projects such as Safe Businesses Warranties, approaches against identity fraud, handling stolen goods, and measures to secure property and business premises (SSP, 2007:7).

incident, the notion of 'security' relates to a more structural characteristic of specific areas in the public domain. Security is a 'status', crime is an individual act. This explains why 'neighbourhoods' (a policy category often based on postal codes) were the focal point of security policy: "The street, the neighbourhood, the district are, beside the direct environments of home and work, the social environments in which we live every day" (CA, 2007:24).

An example of the government's strategy of proximity was the expansion of the number of 'Justice in the neighbourhood'-offices,¹⁹² especially in "high-crime areas" (APJD, 2002:15). These offices were originally platforms of cooperation between public prosecutor, police and municipality that were set up to intervene in crime and security issues at neighbourhood-level (TSS, 2002:35). The successors of these offices, called Security Houses,¹⁹³ formed a broader platform for cooperation between municipality, the police, public prosecutor and welfare organisations to organise "an adequate connection between a punitive approach of adolescents and underlying family problems" (SSP, 2007:2-3).

Another example was the option available to municipalities to designate certain areas with a high risk of annoyance or criminal activities as "urgency areas" (usually neighbourhoods or several blocks of streets). In these areas, public authorities temporarily had more powers to fight crime, for instance through preventive frisking or searching vehicles for weapons on suspicion (TSS, 2002:35-36). Also, 'neighbourhood mediation' was introduced to prevent an escalation of aggression and violence between residents (SSP, 2007:5).

Furthermore, the state needed to be visibly present at the places where crime and annoyance tended to take place: "Neighbourhoods must become more secure. Citizens should feel secure and at home in their neighbourhood. The use of 'neighbourhood police officers' is crucial to prevent nuisance and degradation. A 'neighbourhood police officer' has the proper information position, actively contributes to social cohesion and to an integrated approach of local problems concerning annoyance and degradation. With their knowledge of the neighbourhood and their residents, they can prevent a lot of trouble or control it in an early stage" (SSP, 2007:9-10).

Local authorities were seen as best equipped to implement a neighbourhood-based approach. However, this did not imply that national government had a distant role only. The government provided financial means and instrumental preconditions and called on municipalities to deliver specific performances and results (TSS, 2002:7-8). With regard to instrumental preconditions, providing statis-

¹⁹² In Dutch: *Justitie in de buurt*.

¹⁹³ In Dutch: *Veiligheidshuizen*.

tical data was an important requirement for effective interventions. Municipalities bore a responsibility in this respect, but national government developed a complementary national 'security index' to monitor changes in local security statistics. This information could be used for local security plans and for prioritising the efforts of police and judiciary (TSS, 2002:8): "Without proper insight into pressing problems and bottlenecks, it is impossible to effectively determine the most important security issues, allocate priorities and take measures" (TSS, 2002:38).

A final expression of the government's strategy of proximity moved beyond the concern for the quality of the public domain. It was thought that control and prevention of crime should not necessarily stop at the citizens' front door, particularly in the case of domestic violence, the most common type of violence in the Netherlands: "An important reason to treat domestic violence as a public concern is the fact that the state has the responsibility to ensure every citizens' security" (PVPC, 2002:6).

Early detection of domestic violence required raising awareness among health care professionals, teachers, employers, police, victim service employees, as well as among the victims themselves, by means of mass and target-group oriented campaigns. Early interventions were enabled by the introduction of a special telephone number, which citizens could dial to report suspicions of domestic violence and child abuse. Furthermore, the government urged professionals to report presumed violence or child abuse, even if this should breach their professional confidentiality. Self-defence courses for children were subsidised. The availability of restraining orders was expanded, as were therapeutic programmes and treatment in detention. Also, care services for the victims of domestic violence were improved (PVPC, 2002:15-38; SSP, 2007:5).

3.3.2. Coordination: blurred boundaries

The strategy of coordination followed from the many possible faces of prevention. From a preventive point of view, organisational boundaries between the police, public prosecutor and welfare organisations often formed a barrier for effective interventions: "We cannot stress enough the essential relation in social reality between such areas as wellbeing, education, youth- and health care and care of drug addicts" (TSS, 2002:10). The development of integrated approaches crossing the traditional boundaries between domains such as youth care, law enforcement and urban renewal was a logical consequence of this philosophy.

The prevention perspective served to catalyse the crossing of organisational boundaries.¹⁹⁴ The approach developed for at-risk adolescents may be seen as an illustration par excellence: immediately after being identified as important sources of crime and annoyance, the most effective interventions to influence their behaviour were subsequently assessed. Often, these interventions consisted of a combination of care and discipline, tailored to every child's specific needs, character and interests. In terms of a policy approach towards juvenile delinquents, this became a "combination of prevention, administrative and law enforcement, and after care" (SSP, 2007:1).

No single measure was deemed effective enough for the prevention of crime and nuisance. Merely trusting in criminal law to influence undesirable behaviour was not enough, but the same held for trusting to surveillance in the public domain or for providing support to risk adolescents without any 'shadow of hierarchy'. For instance, the objective of improving security in public transport was pursued by installing entrance gates and electronic means of payment to ensure that only revenue passengers are able to board, by increasing (camera) surveillance in vehicles and stations, by keeping vehicles and stations clean and well maintained, by banning repeat offenders from vehicles and stations, and by training public transport staff to deal with aggression and violence (PAPTS, 2002:6).¹⁹⁵

These considerations imply the necessity for coordination and cooperation between organisations which, from a traditional or task-oriented point of view, could be seen as opposite sides of the spectrum of state activities: "Prevention, social work and repression should take combined action to improve the situation of [at-risk adolescents] in sometimes very vulnerable families" (SSP, 2007:10). For

¹⁹⁴ An example of this comprehensive strategy is the fact that the memorandum *Security Starts with Prevention* was coproduced by two Ministers of Justice, the Minister of Internal Affairs, the Minister for Youth and Family, the Minister for Housing, Neighbourhoods and Integration, the State Secretary of Justice, and the State Secretary of Education.

¹⁹⁵ Another example is the set of measures proposed to reduce violence in the public domain: a registration of all alcohol-related violence or accidents, preventive frisking to control illegal possession of weapons (in the public domain, but also at schools and in bars), a recommendation system to prevent children from watching violent TV-images, neighbourhood mediation to solve conflicts between citizens, Safer Bar Programmes, measures to improve public transport security (see PAPTS, 2005), and measures to control violence against civil servants (including ambulance staff) (APAV, 2005:5-26).

The approach to annoyance in the public domain showed the same pattern: a strict policing of annoying behaviour and vandalism by adolescents in the public domain and shopping centers was combined with increased mayoral powers, making it possible to insist that problem families accept support, in addition to expanded competences for municipalities and housing corporations to deal with problematic tenants, through the introduction of compulsory routings for juvenile delinquents and the development of programmes for neighbourhood counseling and mediation (APAD, 2008).

instance, traditional organisational boundaries “[...] between the social field (education, welfare work and youth care) and the activities of the police and judiciary” (TSS, 2002:40) were transcended in local platforms of cooperation such as Security Houses. Also, domestic violence was tackled by strengthening the cooperation between the police, prosecutor and rescue services (TSS, 2002:41), and public transport security was improved by cooperation between municipality, public prosecutor, railway-police and public transport companies (TSS, 2002:35).

Besides cooperation between repression-oriented and care-oriented organisations, personalised prevention also required cooperation between the various parts of the judicial system. The police, public prosecutor, courts, detention centres and probation office were portrayed by government as a ‘chain’ with several ‘links’. This metaphor expressed the desire for a tight coupling between organisations to make “seamless transfers” of suspects, delinquents, risk adolescents and ex-convicts from one link to the other possible (SSP, 2007:16).¹⁹⁶ Following this metaphor, citizens who entered the judicial system moved through the various organisations as if part of an assembly line: they were kept permanently in sight, while each organisation performed its own specific, but well-coordinated task.

Developing coordinated approaches posed several organisational dilemmas. Cooperation between formally separated organisations required the establishment of a platform for cooperation (such as Security Houses or ‘chains’ in the judicial system), the development of a shared problem definition, and the implementation of integrated activities. Blueprint approaches were deemed ineffective for personalised approaches to habitual offenders or at-risk adolescents (TSS, 2002:16). Instead, “sharing best practices” (e.g. APAV, 2005:14) and developing new science-based best practices in the expertise Centre for Crime Prevention and Security¹⁹⁷ (APJD, 2002:9) were two important means to improve the effectiveness of personalised interventions.¹⁹⁸

The coordination of activities often meant that data-sharing between organisations was required. For instance, the early detection of crime threats – from juve-

¹⁹⁶ This metaphor was also discussed in *Crime Control*. Here, government’s concern was an overburdening of organisations further down the judicial chain as a result of an increased police capacity (CC, 2001:13). This issue was still relevant a year later: “It is out of the question that the work done by one link be rendered futile because of a lack of capacity or cooperation with another link in the chain. Of prime importance is an integrated approach” (TSS, 2002:7).

¹⁹⁷ In Dutch: *Centrum voor Criminaliteitspreventie en Veiligheid*.

¹⁹⁸ Knowledge of the causes of criminal behaviour is an important contribution to the realisation of preventive ambitions: “Our increased knowledge of the risk factors which cause adolescents to fall into delinquency makes it possible to intervene at an earlier stage” (PE, 2002:5).

nile delinquency to terrorism¹⁹⁹ – was often enabled by organisational or technological innovations. In the case of at-risk adolescents, this led to the introduction of the ‘Electronic Child Dossier’,²⁰⁰ an electronic file kept on every Dutch child, able to be consulted by various organisations such as general practitioners and youth welfare workers (OY, 2004; ECEC, 2007),²⁰¹ and allowing all relevant organisations access to the same information. This organising philosophy was also applied in the judicial chain, where all organisations were linked to a registration system comprising every person in the judicial system, including his or her current status and currently responsible organisation (TSS, 2002:31).

Collecting and sharing data through this type of innovation enabled a permanent and closed network of monitoring to be established. At the same time, it also raised questions about the balance between privacy and security. However, the often-portrayed contradiction between ‘privacy’ and ‘security’ should, according to the government, be perceived with more nuance: “The protection of the private sphere is often seen as indispensable to the protection of security. Guaranteeing security enables citizens to move freely and protects them against external threats and illegal or disproportional violations of their person or property. In public opinion, the concepts of ‘security’ and ‘protection of privacy’ are also often presented as opposites. Law enforcers and welfare workers often feel limited by norms and practices designed to protect the private sphere, especially the exchange of personal data” (SSP, 2007:5-6). Government aimed to clarify the privacy norms to professionals and, if necessary, remove unnecessary privacy restrictions (SSP, 2007:5-6).²⁰²

3.3.3. Personalisation: realising behavioural change

The strategy of personalisation, developed from 1993 onwards, was a consequence of the shift in attention from petty crime to the people behind petty crime – from offences to offenders. From 2002 onwards, these “personalised approaches

¹⁹⁹ “The cabinet wants to become aware of signs of derailment in an early stage, in cases of domestic violence as much as in cases of violence originating from terrorist motives” (GD, 2007:2632).

²⁰⁰ In Dutch: *Elektronisch Kinddossier*. Of course, more traditional surveillance and monitoring by the police are used as well. For instance, a police contact can lead to further investigation of possible problems in an adolescent’s family situation: “[...] this contact can be used to analyse or detect problems of adolescents and their family situation. If necessary, more thorough screening can be employed” (PE, 2002:11).

²⁰¹ These two memoranda are further discussed in the chapter on public health policy.

²⁰² The analysed memoranda provided no further information on the balance between privacy and security. Furthermore, the objective of this study was not to analyse the exact shifts in this balance. However, what the above-cited passage demonstrates is that security policies deliberately explored the boundaries of what was legally allowed – otherwise the issue would not have been brought up and professionals would not feel limited in their activities.

that stress prevention" (SSP, 2007:2) were further developed and expanded to include risk citizens posing a threat to public order. Again, habitual offenders and problem adolescents were targeted as the two most important groups.

The type of perpetrator that "persists in criminal behaviour" (TSS, 2002:14) was "[...] responsible for exactly those types of crime and annoyance with which citizens had been more and more confronted over the past years" (TSS, 2002:16). The government defined a habitual offender as any person charged more than once during his criminal career (TSS, 2002:14) – admittedly, a broad definition.

To protect society against this type of perpetrator, the government approach included "[...] arresting this group earlier, detaining them longer and creating services to decrease recidivism" (TSS, 2002:5). Specifically for the prevention of recidivism, special penitentiary institutions for very active habitual offenders were established.²⁰³ By means of a special detention and treatment order, habitual offenders could now be placed in this type of institution for a maximum of two years. By taking "a suspect's total criminal past into account and not just separate offences" (IAHO, 2003:2), habitual offenders could be detained for a longer period of time. During their detention, customised treatment programmes could then be developed to break the vicious cycle of criminal behaviour. This might include programmes to kick alcohol- or drug addictions (IAHO, 2003:3; TSS, 2002:8; 20). Tailor-made interventions for every individual detainee were presumed to increase the effectiveness of recidivism prevention. For some, a prosecutor's offer of penal labour or another alternative sanction might be effective, while others were more receptive to penitentiary treatment programmes (TSS, 2002:25-26).²⁰⁴

More in general, the problem of recidivism (both habitual and non-habitual offenders) was characterised by a systematic screening and analysis of convicts, an expansion of the available methods for behavioural interventions (according to a scientific accreditation system), an improved cooperation between probation offices and prison administration, and increased efforts to detect early signs of possible recidivism: "Ex-convicts who require strict control, will be followed intensively to detect signs of relapse or recidivism at an early stage and to intervene if necessary" (SSP, 2007:16).

The second important target group for behavioural interventions was formed by "adolescents who threaten to slide off into a criminal career" (TSS, 2002:14). Even

²⁰³ In Dutch: *Inrichting voor Stelselmatige Daders*.

²⁰⁴ There is also a category of habitual offenders, which is not susceptible to any form of treatment (TSS, 2002:26).

though the levels of crime and annoyance caused by adolescents had seemed to stabilise from the late 1990s onward (albeit at a substantially higher level than before), juvenile delinquency appeared to be growing more violent and aggressive. Furthermore, adolescents running into trouble with the police seemed to be getting younger: whereas 16 and above used to be the most common age, serious crimes were now being committed more and more by 14- and 15-year olds. Even very young children (between 8 and 12) were having more frequent run-ins with the police (TSS, 2002:15). Special attention was directed at adolescents from certain cultural minorities.²⁰⁵

The basic government strategy was:²⁰⁶ “adolescents who fall into delinquency must be guided back on track at an early stage and with great persistence. This is in the interest of society, their social environment and eventually also in their own interest” (PE, 2002:2). The government’s “new offensive” (SSP, 2007:11) aimed to intervene in the lives of adolescents “at an early stage as possible” (SSP, 2007:2). These interventions were not only repressive in nature, but also covered areas such as employment, education, child protection and public health. The idea was that interventions in these areas could help to reduce risks in the physical, mental, social and cognitive development of children (OY, 2004:9).²⁰⁷

An extensive quote sums up the government’s preventive reasoning underlying the approach to risk adolescents at this time: “Early interventions, at the moment when [adolescents] are still susceptible, are important from a pedagogical point of view. This concerns the broad target group of adolescents, both Dutch native and cultural minorities, as well as those adolescents who have just begun to commit criminal offences such as vandalism, scooter-, bicycle- and cell phone theft, intimidation, annoyance, et cetera. [...] But this also concerns adolescents who are driven towards crime and are in need of help. In all these cases, we are dealing with adolescents who are probably at the start of a criminal career if we do not intervene. Absenteeism (and, as a consequence, a low level of educational attainment) is an important risk factor. An accumulation of risk factors, such as a

²⁰⁵ Of all adolescent Antilleans and Arubans, 10.6% was suspected of delinquency, among Moroccan adolescents, this figure was 8.3%, and among former-Yugoslavs and Somalis 7.7%; by contrast, the percentage for native Dutch adolescents was 1.8%. Moreover, since police data only registered country of birth, which excluded second-generation migrants, “[t]he overrepresentation of adolescents of foreign descent is [...] probably underestimated” (TSS, 2002:15).

²⁰⁶ The answer to the problem of juvenile delinquency is thought to lie in behavioural change, even though the structural causes for the high level of this type of delinquency may be broader: “The causes of juvenile delinquency are numerous and complex. Individualisation, migration and socio-economic factors play a role. These are causes that are difficult to influence. But much can be done about juvenile delinquency by putting [these offenders] under pressure” (PE, 2002:4).

²⁰⁷ This memorandum (*Operation Young*) is discussed in more detail in the chapter on public health policy.

poor family situation and a lagging emotional development, increases the chance of an adolescent running into trouble, or sliding downhill even further. This way, they can become the habitual offenders of the future” (TSS, 2002:15). In short: “Youth policy is based on the notion that prevention pays off” (QS, 2010).

Comprehensive and personalised approaches incorporating elements of care, support and sanctioning were deemed best suited to realise a behavioural change (TSS, 2002:16; 21): “For every specific situation, the most appropriate strategy is determined. Examples are family support for parents, mentor programmes on a voluntary basis in secondary education, preventing language arrears, preventing early school leaving, supporting adolescents to earn a relevant diploma for the labour market, labour market mediation, living under supervision for adolescents living alone, and boarding school-like services which offer corrective programmes” (TSS, 2002:42). The range of available interventions also included (PE, 2002:3; TSS, 2002:21-22; SSP, 2007:2):

- Insisting, or even compelling parents to accept family support;
- Strict enforcement of the Compulsory Education Act;
- Developing screening instruments to determine the best approach for every individual adolescent;
- National implementation of ‘case consultations’ between police and other relevant organisations;
- More attention for reintegration in detention through ‘intensive routing support’;²⁰⁸
- Compulsory aftercare following detention by probation services and youth care to prevent relapse into previous criminal habits;
- Using legal means for administrative confinement and intensified after-care.

Schools play an important role in government strategy in this area. Since adolescents without a starting qualification for the labour market have a four times greater chance of becoming involved in criminal activities, the government aimed to tackle absenteeism and the problem of early school leavers (SSP, 2007:2; ODO, 2007:2). Measures included an improved system of absenteeism monitoring, offering career orientation, improved transfers from primary to secondary education, case consultations by so-called ‘care advisory teams’, and support to enrol unemployed adolescents without a qualification in an educational programme (ODO, 2007; SSP, 2007:11). At the same time, authorities introduced a tit-for-tat policy if “obstinate adolescents” dropped out of school anyway (SSP, 2007:11;

²⁰⁸ In Dutch: *Intensieve Trajectbegeleiding*.

TSS, 2002:5). Furthermore, a compulsory starting qualification for the labour market was introduced (ODO, 2007).

In *Security Starts with Prevention*, the rising number of crimes committed by young children led to an expansion of the government's approach to at-risk adolescents to include children under the age of 12. These children were not liable to legal prosecution, but could be approached in various other ways, for example, by police officers calling them to account for their behaviour on the street. If police officers should come across children under the age of 12 in risky circumstances, they would bring them home to their parents and a note would be made in the national 'referral index risk adolescents'.

Youth care might then take further action. For instance, parents could be proactively contacted through house calls. Youth care could insist on parents accepting parenting and family support (ACA, 2008): "If parents are not capable of fulfilling their role as educators, a Centre for Youth and Family²⁰⁹ can offer them family support on a voluntary basis. If parents are not motivated, social workers should not let go of the family but further urge them to accept family support. In the end, compulsory family support in the form of a Family Supervision Order is an option" (SSP, 2007:12).

3.4. Synopsis

There are two striking differences between the 2001 memorandum *Crime Control* and that of 2002, *Towards a Safer Society*. Whereas the former took 'crime' as the dominant notion, the latter incorporated crime into a broader notion of 'security'. And whereas the former was almost technocratic in nature, the latter expressed an attitude of decisiveness in the face of societal problems. However, both differences are, upon closer inspection, also a progression of earlier developments. 'Security' had been slowly gaining importance in policymaking since 1993. And, besides viewing this as an expression of a change in the Dutch political landscape since the 2002 parliamentary elections, the decisive attitude could also be understood as a continuation of the problem-oriented approach inherent to a strategy of prevention.

The *security paradigm* broadened the range of relevant phenomena for policy-making. While 'crime' refers to legally defined acts, 'security' refers to a certain status or quality of the public domain. Crime is but one of the relevant factors for a state of security – others include nuisance, degradation and subjective feelings of

²⁰⁹ In Dutch: *Centrum voor Jeugd en Gezin*. These are municipality-based services with a national coverage for parenting advice and support.

security among the general public. Furthermore, the security paradigm takes the public domain as the object of interventions. Hence, concerns for *the public order* rather than the legal order became the justification for state interventions.

Security and prevention have a strong *conceptual affinity*. Besides the fact that both can be applied to a potentially limitless range of social phenomena, they can in many cases be understood as forming two sides of the same coin: whereas security refers to a certain status or quality of the public domain, prevention is the aversion of threats to this status or quality.

Characteristic of this emphasis on prevention was *the identification of 'risks' for the selection of objects of intervention*. The notion of 'risk' is typical for a preventive vocabulary: objects of policy intervention are identified on the basis of their potential for harm. Four types of risks for public order were identified by the government. Risk citizens, most importantly habitual offenders and problem adolescents, were the designated objects of personalised approaches to prevent future deviant behaviour. Risky places, such as train stations or problematic neighbourhoods, and risky times, such as nights out, were the focal point for increased surveillance and law enforcement efforts. And risk factors, such as drugs, alcohol and other catalysts for aggressive behaviour, were the object of disincentive policies.

The expansion of the state's intervention repertoire – following the government's decisive attitude towards security issues – was to a large extent infused with a preventive perspective, as well. The creation of 'urgency areas', in which public authorities acquired additional competences to stop degradation and restore authority, the creation of a new detention order for the long term treatment of habitual offenders, and the creation of a legal framework for the use of CCTV-surveillance were examples of newly developed competences with obvious preventive objectives.

Crime policy from 2002 onwards saw the return of norm-oriented crime prevention and explicit attention for citizen responsibility, which was first introduced in *Society and Crime (1985)* and the 1990 memorandum *Evolving Law*. However, upon closer inspection, an important difference is discernible between the two. In the 1980s, government equated 'individual responsibility' with accountability. Every citizen was, to a large extent, perceived as being responsible for norm enforcement in his own living environment and for the protection of his own property by means of technical prevention. If citizens failed to take responsibility, government was unable and unwilling to compensate for this lack of societal effort.

However, by 2007, government had developed an understanding of citizen responsibility which was based, not on a division of responsibilities, but on the construction of a *shared responsibility between state and society*. The differ-

ence between the two is that the former was a mechanism for the limitation of state responsibility, whereas the latter is a mechanism or justification for a further expansion of state responsibility. In the preventive gaze, the 'ex post' responsibility of the constitutional state – i.e. accountability for one's own actions – was transformed into an 'ex ante' responsibility: the capability of citizens to assess the consequences of their actions beforehand is appealed to. If citizens failed to do this, government perceived itself as justified to intervene in a preventive way: habitual offenders were subjected to recidivism prevention programmes, risk families to family support, and at-risk adolescents to personal coaching.

A further justification of these interventions was constructed in the form of a *metaphorical alliance between state and society*: state and society needed each other to realise a secure society, and the state was justified in protecting and supporting a vulnerable society. Instead of staying aloof in the face of society's failure to take responsibility for technical prevention and norm enforcement, the government set out to "become an ally of citizens" (CA, 2010:3; cf. CA, 2007:3). Likewise, law-abiding citizens were called upon to actively participate in achieving a more secure society.

The three organising strategies of proximity, coordination and personalisation, which were first developed between 1993 and 2001, were further refined and expanded upon from 2002 onwards. In the first place, the strategy of proximity served the purpose to approach the causes and breeding grounds of crime and insecurity in citizens' direct living environments. *Situation-specific approaches* at neighbourhood level characterised the government's preventive and law enforcing activities. Interventions ranged from visible surveillance and law enforcement activities at risky times and places, to the structural improvement of living conditions in disadvantaged neighbourhoods and cooperation between local network partners in Security Houses.

Second, the strategy of coordination referred to an effective organisation of a broad range of preventive interventions. There is no single measure effective enough to tackle the causes of crime and insecurity. Organisational boundaries between the police, public prosecutor and welfare organisations may well have been logical from a task-oriented perspective, but often formed a barrier to the implementation of effective interventions from a preventive perspective. Organising cooperation around individual cases in Security Houses, aligning actors in the judicial system in a 'chain' to make seamless transfers of delinquents from one link to the other possible, and sharing 'best practices' and data on individual risk citizens between relevant actors are several examples of *blurred organisational boundaries*.

And third, the strategy of personalisation was a consequence of the shift in intervention target from petty crime to the people behind petty crime. From 2002 on, this strategy was broadened to include citizens posing the greatest risk to public order – most importantly, habitual offenders and risk adolescents. Citizens who had been identified as risk citizens served as the metaphorical enemy in the aforementioned alliance between state and society. The approach adopted to oppose this ‘enemy’ sought to realise a *structural behavioural change*. A specialised detention order to enable the long-term treatment of habitual offenders, reintegration programmes for juvenile delinquents and parenting support for risk adolescents were developed to prevent recidivism of offenders and prevent risk adolescents from sliding off into a criminal career. These activities were characterised by a mixed *pedagogical strategy*, in which elements of discipline and care were combined to integrate deviant citizens into society.

Dutch crime policy has thus seen several fundamental changes since the introduction of prevention in 1985. Complementary to a judicial response to crime, a strategy was developed to intervene on the risk factors of crime. At first, administrative prevention stressed the importance of increased surveillance and technical prevention. Since the 1990s, this approach has been steadily expanded. Twenty-five years after the publication of the *Society and Crime* memorandum, a preventive intervention repertoire is in place for risk citizens, risk factors, risky times and risky places, which includes a broad range of both repressive and supportive strategies.

In the following sections, two contemporary Dutch policy practices are analysed to support the findings in the previous policy genealogy. The selection of both practices follows from the current state of affairs in policymaking. First, the preventive focus on the public domain and public (instead of legal) order is further analysed in the situation-specific approach to crime issues in the district of Rotterdam-South. Technical prevention, surveillance, interventions in the opportunity structure and increased administrative authorities are among the activities that may be expected to be employed there.

And second, the preventive focus on personalised interventions is further analysed in the approach to habitual offenders, risk adolescents, juvenile delinquents and ‘care avoiders’ in the Care and Security House in the city of Tilburg. Here, we expect to gain more insight into the strategies of early detection, prevention of recidivism and behavioural interventions towards individual citizens.

3. Crime prevention in Rotterdam

3.1. Rotterdam-South

In 2007, the Dutch government published a list of the 40 most problematic Dutch neighbourhoods suffering from the accumulated problems of social, housing, poverty and security issues. The majority of neighbourhoods situated in Rotterdam-South, the part of the city located south of the Meuse River, were included on this list. One of the districts in this part of Rotterdam, called Charlois, is home to five of these neighbourhoods, of which one, Pendrecht, ranked second on the abovementioned list of problematic neighbourhoods. Even though its origins date from the Middle Ages, present-day Charlois is characterised by early 20th century urban expansion in the northern neighbourhoods, and mostly 1950s urban development in the southern neighbourhoods.

In the south, Charlois comprises two neighbourhoods (Pendrecht and Zuidwijk). These are separated by an overground tube line, but share the same architectural characteristics. Both neighbourhoods were built according to the post World War II modernist principles of urban planning: straight sight lines, separated apartment blocks with stretches of green in between (so called ‘communal gardens’), a grid structure of main and side streets, a clear separation of functions (such as a centrally located shopping centre), functionally designed apartments with little variation, and a total plan for the neighbourhood as a cohesive whole. Underlying these modernist principles was an optimistic belief in the possibilities to improve living standards through urban planning. Pendrecht and Zuidwijk were built as ‘garden cities’, which reflected an ideal of how people should live: light and space instead of the cramped, dark and unhygienic housing of the old cities. According to the original architect of both neighbourhoods, urban planning was to support the coexistence of “the harmony and privacy of the family in its own home, and the harmony and communality of a group”.²¹⁰

²¹⁰ “De Nieuwe Tuinstad”, 2009:9; my translation, RP. The aforementioned ideals of the original architect of Rotterdam’s ‘garden cities’ to create a harmonious social and family life by means of urban planning may come across as naive nowadays. However, the objective to create an attractive environment in which people can live securely and pleasantly is by no means a thing of the past. Consider, for instance, the following vision presented in a municipal policy memorandum on the long term developments in Pendrecht: “Children play outside and neighbours have a chat while they are tending their garden. All inhabitants take care of their direct living environment and their houses. They are interested in each other, without suffering from small-town meddlesomeness” (“De Nieuwe Tuinstad”, 2009:22; my translation, RP).

The neighbourhood is still (or: again?) a core notion in municipal policy. However, what has changed is the idea that proper urban planning is sufficient to create a pleasant living environment. Instead, ‘the social’ and the way people act in these neighbourhoods have become a focal point of efforts to prevent undesirable behaviour and improve living conditions.

From the 1980s onwards, the population composition changed, a development accompanied by an accumulation of crime, housing and poverty issues. People from the lower socio-economic strata were now the main inhabitants of the apartment blocks, which were once built for the middle class. Among the roughly 25,000 inhabitants of Pendrecht and Zuidwijk are many immigrants, recipients of social security (14% for Pendrecht), and poorly educated people (75% for Pendrecht).²¹¹ In other words, this part of the city “[...] with its many cheap rented houses is a sanctuary for people whose lives have not been smooth sailing – to say the least”:²¹² people from broken homes, single and teenage mothers, youth gang members, drop-outs, victims of domestic violence, alcohol and drug addicts, former psychiatric patients, the lonely and the homeless. Even if their number is relatively small, these socio-economically deprived citizens cause a great deal of crime, annoyance and physical degradation.

3.2. Political context: a ‘regime change’

The sudden rise of ‘Liveable Rotterdam’,²¹³ the political party of populist leader Pim Fortuyn, is a crucial contextual factor for understanding the emphasis in municipal policymaking on the quality of social life.²¹⁴ In the municipal elections of March 2002, newcomer ‘Liveable Rotterdam’ won 17 of the 45 seats on Rotterdam’s city council, which was previously governed by Labour led majorities. Two months later, Fortuyn was assassinated on the eve of the national Parliamentary elections. Nonetheless, the participation of ‘Liveable Rotterdam’ proved a turning point in municipal politics, and especially in the approach to issues of liveability, security and integration. The party’s political agenda played an important role in the newly formed Municipal Executive. Moreover, ‘Liveable Rotterdam’ had a major impact on the general political spectrum in Rotterdam and influenced the political agendas of established parties (Van Ostaaijen, 2010).

²¹¹ <http://www.rotterdam.nl/DSV/Document/Bestemmingsplannen%20in%20procedure/Charlois/Pendrecht/12.%20Masterplan%20Pendrecht%202004.pdf>; consulted d.d. 21-9-2011.

²¹² Quote from a journalist’s eyewitness account in Pendrecht, <http://www.ad.nl/ad/nl/1038/Rotterdam/article/detail/2224897/2007/09/28/Beste-wensen-voor-mijn-buurman.dhtml>; consulted d.d. 27-10-2011.

²¹³ In Dutch: ‘Leefbaar Rotterdam’.

²¹⁴ Even though the living conditions in Rotterdam-South have been a concern for the municipality since the mid-1990s, the current policy approach was only developed when the notions of security and liveability entered the policy discourse. Before 2002, housing development was the dominant strategy to improve living conditions. After 2002, this strategy was complemented by person-oriented approaches and by a broader concern for the quality of the public domain. Tackling the causes of insecurity contributes to a structural improvement of liveability and fits the municipal strategy of “social reconquest” (See http://www.kei-cetrum.nl/websites/kei/files/KEI2003/Projecten/GemeenteRotterdam_Sociale%20herovering.pdf; consulted d.d. 29-10-2011 (my translation, RP)).

In the first years after the 2002 elections, the new Municipal Executive organised a new approach to issues of security and liveability (Tops, 2007). First of all, it took the perspective of the citizens as a starting point: if citizens perceive something as a problem, it is a problem. For instance, subjective feelings of insecurity and perceptions of the quality of the built-up environment formed important considerations for the selection of priorities in municipal policy.

Second, security policy was placed at the heart of the municipal organisation, in close proximity to the Municipal Executive. A programme bureau for security policy was positioned directly under the mayor. Furthermore, a steering committee was installed, in which the mayor, the alderman responsible for security policy, the chief commissioner of police and the public prosecutor could directly coordinate their efforts and determine priorities.

In the third and final place, the new Municipal Executive emphasised policy implementation and ‘front-line action’ over policymaking. To this end, several instruments and organisational novelties were introduced.²¹⁵ For instance, the municipal Security Index – in which the objective and subjective security figures of each neighbourhood are monitored – was used as an important instrument of communication and control: priorities and performances were explicitly made public. Furthermore, very specific ‘targets’ were determined to measure the performance of both the Municipal Executive and the various municipal organisations responsible for policy implementation. Another organisational novelty was the introduction of several so-called ‘city marines’;²¹⁶ project leaders assigned to break through existing organisational boundaries and organise coordinated efforts between actors involved in policy implementation around concrete problems, such as the approach to slum landlords and their tenants.

3.3. Policy context: a preventive and area-oriented approach

Despite the rhetoric of “tough action”²¹⁷ – exemplified by the frequent use of military metaphors (such as ‘city marines’ and ‘front-line action’) and the “deliberate strategy to occasionally push the legal boundaries”²¹⁸ – the municipal policy approach to security following the 2002 ‘regime change’ was certainly not solely about repression. From the outset, prevention and care played a crucial role in the strategy to structurally improve the security situation and liveability in Rotterdam’s disadvantaged neighbourhoods (e.g. Tops, 2007).

²¹⁵ An example of the municipal focus on implementation and front-line action is the explicit description of a municipal security policy memorandum as “[a]n action programme, not a policy document”. See: *Five-Year Action Programme Security*, 2010:6.

²¹⁶ In Dutch: ‘stadsmarinier’.

²¹⁷ *Five-Year Action Programme Security*, 2010:1.

²¹⁸ In the words of an interviewee.

In the most recent policy memoranda, prevention and repression were presented as two complementary characteristics of the municipal security policy: “No matter how different Rotterdammers may be, they all agree on one issue: the city should be secure. We use a preventive approach, complemented by robust repressive actions if necessary”.²¹⁹ On the one hand, enforcement is crucial since “[f]reedom only exists when boundaries are set”.²²⁰ Specific issues include a strict approach to every-day annoyances in the public domain and to violent crimes. On the other hand, “[s]ecurity starts [...] with the prevention of insecurity”.²²¹ Personal approaches for risk or criminal adolescents, but also the design and maintenance of the public domain fit in this preventive approach.

Repression and prevention are interrelated strategies. For instance, police and non-police surveillance can serve both objectives simultaneously: law enforcement, detection, deterrence and discipline are all intended purposes of surveillance (as we shall discuss further below). Furthermore, a tough approach can also have a preventive effect by itself. In the words of one of the interviewees: “Sometimes, if you bite instead of bark, this can have a large preventive effect on residents. They know you are not afraid to act”. And finally, a basic level of order is necessary to deploy a strategy of structural prevention.

Roughly five years ago, hardly a day went by in Pendrecht without a violent crime. For this reason, the first action taken in Pendrecht and Zuidwijk following the ‘regime change’ in Rotterdam was “a large cleanup” – in the words of an interviewee – of people who, usually in groups or gangs, persisted in criminal or annoying behaviour in the public domain. Members of gangs were identified, special ‘intervention teams’ were formed to individually approach residents at home, parents of minor gang members were approached, and instigators of crime and annoyance in the public domain were closely followed by the police. Only after the most troublesome individuals had been removed from the neighbourhood or placed in an individual support programme were the conditions right for structural strategies of prevention.

Another characteristic of Rotterdam’s security policy is the distinction between phenomenon-oriented approaches, person-oriented approaches and area-oriented approaches. The first concerns issues such as nightlife violence and domestic violence. The second strategy “combines care and punishment”²²² in the

²¹⁹ *Ruimte voor talent en ondernemen*, 2010:16; my translation, RP.

²²⁰ *Ruimte voor talent en ondernemen*, 2010:5; my translation, RP.

²²¹ *Ruimte voor talent en ondernemen*, 2010:5; my translation, RP.

²²² *Werken aan talent en ondernemen*, 2010:24; my translation, RP. The attitude of the involved citizens is crucial for determining which course of action is chosen. A distinction is made between the able, the willing and the unwilling: “We give every opportunity to Rotterdammers

approach to individual citizens, such as risk adolescents, habitual offenders and drug addicts. However, the third strategy is of special interest here.²²³ Rotterdam's security policy is very much a neighbourhood-oriented policy. Neighbourhoods are perceived as the geographical entities, which are important for citizens' every-day wellbeing: "[...] a 'reasonable' living environment is not good enough, one should feel at home in the direct living environment".²²⁴ Furthermore, neighbourhoods are perceived as a logical object of interventions to tackle the causes of crime and insecurity. Interventions are organised in citizens' direct living environment "to prevent a neighbourhood from deteriorating".²²⁵

For every neighbourhood, a "Comprehensive Neighbourhood Action Programme" has been developed by an area manager in cooperation with relevant partners, such as police and housing corporations.²²⁶ Furthermore, data on objective and subjective security are monitored yearly for every neighbourhood in the municipal Security Index, which was published for the ninth time in 2010.²²⁷ Based on these data, priorities for the police and municipality can be determined, and early warnings of decline can be identified to enable a quick response and to forestall a further worsening of problems.²²⁸ And finally, the investment programme 'Rotterdam South Pact'²²⁹ was specifically developed "to call a halt to selective migration by 2015 (in order to retain residents from middle or higher income groups) and to increase residents' satisfaction with their living conditions" in the disadvantaged neighbourhoods on the south bank of the Meuse.²³⁰

who are 'willing and able', we help the group that is 'willing but unable', and at the same time we are strict towards people who are 'unwilling' (*Werken aan talent en ondernemen*, 2010:3; my translation, RP).

²²³ Person-oriented approaches are the subject of the description of the activities in and around the Care and Security House in Tilburg.

²²⁴ *Pact op Zuid: vier jaar investeren in Rotterdam Zuid 2006-2010*, 2010:59; my translation, RP.

²²⁵ *Five-Year Action Programme Security*, 2010:2.

²²⁶ *Five-Year Action Programme Security*, 2010:1.

²²⁷ The Security Index 2010 is based on objective crime figures (for instance of theft, violence, burglary, annoyance, vandalism and maintenance of the public domain) and on the input of 16.000 inhabitants of Rotterdam, who were asked about their perception of security, liveability, and the municipal and police response to these problems. Every neighbourhood was classified into one of the following categories: 'insecure neighbourhood', 'problem neighbourhood', 'threatened neighbourhood', 'attention neighbourhood', and '(reasonably) secure neighbourhood'. For instance, Pendrecht scored a 5,4 out of a possible 10 points in 2010, and has seen a rise in the last five years in status from 'problem neighbourhood' to 'threatened neighbourhood' (<http://www.rotterdam.nl/Directie%20Veilig/PDF/Nieuwsflits/Veilighedsindex2010LR.pdf>; consulted d.d. 27-10-2011).

²²⁸ *Five-Year Action Programme Security*, 2010:2.

²²⁹ In Dutch: Pact op Zuid.

²³⁰ <http://www.pactopzuid.info/index.php?pageID=22>; consulted d.d. 29-10-2011.

Using this combination of repression and prevention on a neighbourhood level, the municipality aims to achieve more than the absence of crime. Concerns for security and the quality of citizens' direct living environment have been brought together under the moniker 'liveability'.²³¹ The eventual objective for Pendrecht is a neighbourhood with a varied housing stock, more middle class families,²³² green and communal gardens, "involved, positive and active residents",²³³ and a "natural and cosy atmosphere".²³⁴ A preventive approach to the structural causes of crime and insecurity on neighbourhood level is a core element in the efforts to realise a liveable neighbourhood.

In the following, three different types of preventive activities in the neighbourhoods Pendrecht and Zuidwijk are described.²³⁵ First, increased surveillance activities are motivated by the preventive objectives of deterrence and early detection. Second, the design of the public domain and the population composition are transformed into relevant objects of preventive interventions. And third, local authorities tend to err on the side of caution: presumptions of problems serve as a justification for several preventive interventions.

3.4. Visible presence

Surveillance and monitoring can be understood as simultaneously serving prevention and repression. Surveillance, especially police surveillance, is a repressive strategy in terms of law enforcement. Police patrol and CCTV-surveillance are important means to detect criminal behaviour. At the same time, surveillance techniques also aim to prevent crimes from being committed: people behave in a more disciplined fashion when they know they are, can or may be observed (Foucault, 1975). Surveillance also enables early detection of crime and security risks. And visible surveillance in the public domain can have a positive impact on sub-

²³¹ Social and security issues are highly interrelated from the viewpoints of prevention and liveability. It is therefore not surprising that the municipality of Rotterdam has introduced a Social Index complementary to the Security Index. Since 2008, the social quality of all neighbourhoods has been monitored. Indicators include pollution and annoyance, level of neighbourhood services, housing quality, command of the Dutch language, level of public health, level of education, social cohesion, social participation, and social and cultural activities. In the 2010 Social Index, Pendrecht scores a 5,1 out of a maximum 10 points, which places the neighbourhood in the category 'socially vulnerable'. See: <http://www.rotterdam.nl/COS/publicaties/Vanaf%202005/09-3100.Sociale%20Index%202010.pdf>; consulted d.d. 27-10-2011. In its most recent work programme, the Municipal Executive states the ambition to integrate the Security Index and the Social Index into a "neighbourhood profile" (*Werken aan talent en ondernemen*, 2010:5; my translation, RP).

²³² "De Nieuwe Tuinstad", 2009:49; my translation, RP.

²³³ "De Nieuwe Tuinstad", 2009:6; my translation, RP.

²³⁴ "De Nieuwe Tuinstad", 2009:21; my translation, RP.

²³⁵ At the time this study was being researched (Fall 2011), the area-oriented approach to security in Pendrecht and Zuidwijk had already been underway for a decade.

jective feelings of security. Several surveillance techniques – both police and non-police – are deployed in Rotterdam-South with these preventive objectives in mind.

3.4.1. Being there

A first surveillance strategy is to establish a “visible presence” of the police and the City Management Department²³⁶ in the public domain to prevent crime and annoyance. ‘Being there’ not only serves to increase residents’ subjective feelings of security, but also aims to deter criminal behaviour. Locations for surveillance are not selected ‘at random’, but according to a preventive reasoning. So called ‘hot spots’ – places and times posing the highest risk of criminal or annoying behaviour such as robberies, burglaries, vandalism, drug-related problems and youth group annoyance – are specifically selected for intensified surveillance. A ‘hot spot’ is identified by the municipality as “an area consisting of one or more streets where degeneration, crime and pollution set the scene”.²³⁷ An example of surveillance at ‘hot spots’ is the so-called “anti-raid patrol”: regular and clearly visible police patrol in shopping streets to deter potential raiders.

In principle, there is at least one police officer permanently present in the neighbourhood – but certainly more during the evening and at night. There are also complementary non-police surveillance activities. For instance, the ‘youth service team’, consisting of twelve adolescents under the supervision of a welfare worker, patrols twice a week during busy hours at a large shopping centre in Rotterdam-South. Besides providing a job to adolescents who were on the verge of going off the rails, the ‘youth service team’ is a means to prevent police action and “have a better atmosphere instead of more police on the streets” (in the words of an interviewee). In their clearly recognisable red shirts, the team members patrol in pairs and call adolescents in and around the shopping centre to account for their behaviour. Unlike the police, the ‘youth service team’ can talk to annoying adolescents on their own level and in a non-threatening way. They start by simply striking up a conversation (‘How are you?’, ‘Do you live around here?’) and then explain that certain behaviour is annoying to customers and shop-owners, or warn that they can be fined if the police catches them smoking or drinking in the shopping centre.

Another complementary method of surveillance is the use of CCTV. Even though this does not contribute to a ‘visible presence’, it can have important preventive effects. CCTV-surveillance has been deployed in Rotterdam since 2000 and there

²³⁶ In Dutch: ‘Stadstoezicht’.

²³⁷ *Five-Year Action Programme Security*, 2010:15.

are currently roughly 325 cameras spread across the entire city, mainly at shopping centres, bar districts, train stations, tube stations and problematic neighbourhoods. The cameras are watched 24 hours a day, 7 days a week. Images are stored for seven days.

CCTV-surveillance serves three purposes: criminal investigation, quick response to ongoing crime or disturbances of the public order, and prevention by means of deterrence.²³⁸ Besides police CCTV-surveillance, private actors also use this means of surveillance. For instance, a large housing corporation in Pendrecht has installed close to 100 cameras in entrance halls and arcades of their buildings to prevent burglary and vandalism and increase tenants' feelings of security. Many shop-owners have also installed their own camera surveillance systems to prevent burglary and facilitate criminal investigations.

Furthermore, besides intensified surveillance on 'hot spots', the police have also intensified surveillance specifically directed at notorious troublesome individual residents in the neighbourhood. These might include ex-offenders, problem adolescents, known alcoholics, khat users, causers of noise pollution, former psychiatric patients, et cetera. The main message towards these residents is a preventive one: "we are keeping a close eye on you" – as an interviewee put it. For instance, every adolescent (up to 23 years) who has served time in prison and returns to Pendrecht is invited for a "welcome talk" with police, municipality and probation office. These authorities explain "the rules of the game" and make it clear that the adolescent will be closely followed.

Also, every adolescent in Pendrecht with a prison record or who has "caught the police's attention" on New Year's Eve receives a "warning letter" the next year: the police will be watching him during that year's celebration. Another example is the "Very Irritating Police" (VIP) approach towards known troublemakers and instigators of annoyance and criminal behaviour in the neighbourhood. The VIP-approach basically means constantly and annoyingly following, stopping and checking notorious residents to show them that the police know who they are and is keeping a close eye on them.

3.4.2. Eyes and ears on the streets

A second preventive ambition of surveillance is that of having "eyes and ears" on the streets for the early detection of problems. Besides being useful for law enforcement, deterrence and criminal investigations, surveillance also increases the chance that the police and other organisations will "come across" citizens who

²³⁸ <http://www.rotterdam.nl/Directie%20Veilig/PDF/Overige%20publicaties/Brochure%20Cameratoezicht.pdf>; consulted d.d. 27-10-2011.

require a personalised preventive approach. This objective transforms the role of police officers from one that involves “merely writing fines” for individual infringements into enabling a more structural approach to the causes of these infringements if possible. For instance, “if you repeatedly catch a junkie illegally selling newspapers or urinating in public, you could give him a ticket every time, but it is more important to register him every time. This way, you build up a dossier and a profile, which can become a reason for welfare work to select him for an intervention”.²³⁹ Police officers can also report their concerns about the wellbeing of individual residents to welfare organisations and housing corporations.

Non-police surveillance can strengthen the authorities’ information position in the neighbourhood. For instance, a major housing corporation in Pendrecht has employed a ‘neighbourhood caretaker’, who is not only responsible for maintenance, but also for answering residents’ complaints and for identifying residents who either have or cause problems. Tenants who cause noise pollution, who always leave the curtains down during the day, who have many guests coming and going late at night, whose son has dropped out of school, or whose children are out on the streets late at night causing annoyance: these might all be indications of violations of their rent contract or criminal behaviour, but could also point to underlying personal problems. These indications might be reason for further interventions, such as house calls to find out more about a potential problem. In the words of a housing corporation employee: “We act upon presumptions”.

Citizens themselves can also play an important role as the ‘eyes and ears’ in the neighbourhood. In every neighbourhood, there are always concerned and committed residents who devote some of their time to creating a better living environment. These citizens organise cultural activities, do volunteer work, organise sports activities, maintain public gardens, write for the neighbourhood newspaper, and inform police and housing corporation of annoyance and suspicions of criminal activities.²⁴⁰ Neighbourhood police officers, neighbourhood caretakers employed by the housing corporation and neighbourhood-based welfare workers try to build up a relation with these people to improve their own information position and detect liveability problems at an early stage. In the words of a housing corporation employee: “These people are my informants”.

²³⁹ Example given by an interviewee.

²⁴⁰ In general, active citizenship is stimulated. For instance, the housing corporation cooperated with several residents to paint ‘house rules’ on four garage doors in a square in Pendrecht. These rules, visible to everyone, express the social norms that both housing corporations and these residents strive for: ‘we say hello to each other’, ‘we are friendly to each other’, ‘the square is for everybody, old and young’, ‘playing football is OK, but be careful of cars and windows’, ‘we don’t vandalise or make a mess of our neighbourhood’.

3.5. *The legible neighbourhood*

The structural characteristics of a neighbourhood are important contributors to crime and annoyance. First, the physical layout of the built-up environment can offer an opportunity structure for criminal behaviour: dark street corners, staircase entrances, escape routes and poor locks do not cause criminal behaviour, but they do create a context in which criminal behaviour can thrive. And second, the population composition of a neighbourhood also correlates with criminal behaviour: an overrepresentation of people from the lower socio-economic strata usually has a negative effect on crime levels and on other aspects of neighbourhood liveability.

Both these structural characteristics are subject to municipal interventions: “[...] there is a link between the physical layout of a neighbourhood (squares, entrance halls, garages, alleyways, concentration of care facilities) and the safety in the neighbourhood. The quality of the housing (many cheap rented dwellings, quickly changing subletting, properties in which drug dealing takes place) and inadequate amenities in certain neighbourhoods also have a negative effect on safety and the quality of life”.²⁴¹ The underlying logic or rationale of both types of interventions can be described as creating a ‘legible neighbourhood’ – that is, a neighbourhood without dirt or degradation, with clear sight lines and technical barriers to deter deviant behaviour, good quality housing, and a law-abiding and responsible middle class population.

3.5.1. Interventions in the opportunity structure

The lay-out and design of certain streets or squares increase the opportunities for individuals to exhibit criminal or annoying behaviour. Interventions in this ‘opportunity structure’ are usually of a very subtle nature. They are hardly noticeable if they have not been pointed out explicitly. In Pendrecht and Zuidwijk, one housing corporation owns a large part of the housing stock and is therefore able to intervene in the built-up environment on a substantial scale. Three types of interventions can be discerned in making the built-up environment less vulnerable to crime.

A first type of intervention emphasises ‘light’ and ‘sight’. Unobstructed sight lines and proper street lighting decrease the possibilities for criminals to escape or to remain unnoticed. Small fences are placed in walking paths to block escape routes for scooters or bicycles. Hedges are trimmed to create clear sight lines behind apartment blocks: hedges have a maximum height of one meter in the front yard and a maximum of 1.80 meters in the backyard. Publically accessible arcades are

²⁴¹ *Five-Year Action Programme Security*, 2010:12.

closed off as much as possible, since these are common places for adolescents or drug dealers and addicts to hang around. Well-lit entrance halls help to create a feeling of security. The same goes for transparent glass in entrance halls of apartment blocks. Street lighting can improve feelings of security and expose hiding places – however, poorly placed lighting can also create attractive places for adolescents to hang around and cause annoyance. Placing curtains in the windows of an abandoned and soon to be demolished apartment block creates the impression that the residence is occupied and deters copper thieves or homeless people looking for a place to spend the night.

In short, every element of the built-up environment can be analysed in terms of possible criminal behaviour. In the words of a housing corporation's neighbourhood manager: "When I look at this neighbourhood, I look through the eyes of a criminal. Where can I hide? Where can I get access to houses or shops? Where are the best places to deal drugs? Where are the comfortable places to hang around with friends? What can I steal of value from an abandoned apartment block?" This perspective produces certain logical outcomes in terms of appropriate interventions to make life less easy for potential criminals in Pendrecht and Zuidwijk.

The second type of intervention in the opportunity structure is the "Clean, Whole and Safe Approach".²⁴² A clean and whole neighbourhood "determines to a large extent the residents' perception" of security.²⁴³ The public cleansing department prioritises the maintenance of the public domain in the disadvantaged neighbourhoods.²⁴⁴ The police strictly enforce rules with regard to outside display areas of shops (usually a maximum of one meter). Graffiti is removed within 24 hours. The housing corporation responds quickly to residents' complaints about broken lighting or fences. And agreements are made between the municipality and housing corporation with regard to their mutual responsibility for the maintenance of the public domain (roads and pavements, mowing of lawns, maintenance of public gardens, safe demolition locations, et cetera).²⁴⁵

Besides the objective to improve subjective feelings of security among residents, these interventions are infused with the preventive argument that a clean and intact public domain will make people less inclined to show deviant behaviour.²⁴⁶ Again, these interventions do not directly tackle the causes of crime,

²⁴² *Five-Year Action Programme Security*, 2010:12.

²⁴³ *Five-Year Action Programme Security*, 2010:12.

²⁴⁴ See for instance the "Comprehensive Neighbourhood Action Programme of Pendrecht", 2011:24.

²⁴⁵ "Afspraken tijdelijk beheer Pendrecht-Zuid", 2008.

²⁴⁶ Cf. the 'broken window theory' (Kelling & Wilson, 1982).

but they aim to create an environment in which criminal or otherwise undesirable behaviour is deterred.

The third type of intervention in the opportunity structure aims to use technical measures to reduce opportunities for criminal behaviour. Improved locks in entrance halls of apartment blocks are the most obvious example of this type of crime prevention. Another example is the boarding up of the ground floor of soon to be demolished apartment blocks with large metal sheets to deter copper thieves and homeless people from breaking in. Another measure is, for example, the installation of turnstiles in tube stations to prevent fare dodging.

An archetypal technical intervention was made at a large shopping centre in Rotterdam-South. The large staircases there were a 'favourite' spot for robberies. The escalator going up to the entrance was located next to the staircase going down. There was no barrier in between, which made it relatively easy for thieves to snatch a bag from a person going up and to make a quick escape by jumping on the staircase going down. A technical barrier was created between the two staircases to make this spot a less 'attractive' place for robbers.

3.5.2. Interventions in the population composition

The second set of structural characteristics of a neighbourhood does not concern the opportunity structure, but the population composition. Contrary to the subtleness of the interventions described above, interventions in population composition are very explicit and radical: the ambition is to replace a substantial part of the inhabitants from the lower socio-economic strata with new middle-class inhabitants.²⁴⁷ Moreover, instead of merely deterring crime (as in the case of interventions in the opportunity structure), these interventions aim to tackle the causes of crime on a collective level.

The Pendrecht and Zuidwijk neighbourhoods have been subject to large-scale demolition, renovation and new housing development since the mid-1990s. This process, commonly referred to as "restructuring" literally aims to create a (new) physical and social structure in a neighbourhood: creating more socio-economic diversity in the population composition by reducing the percentage of social housing (from 95% to 54% for Pendrecht)²⁴⁸ and subsequently increasing the percentage of private housing (to 35% for Zuidwijk, against 65% tenement housing).²⁴⁹ To this end, roughly 50% of the existing housing stock in Pendrecht

²⁴⁷ *Werken aan talent en ondernemen*, 2010:27.

²⁴⁸ http://www.kei-centrum.nl/view.cfm?page_id=1897&item_type=project&item_id=215; consulted d.d. 21-9-2011.

²⁴⁹ http://www.kei-centrum.nl/view.cfm?page_id=1897&item_type=project&item_id=229; consulted d.d. 26-10-2011.

and Zuidwijk has been renovated or rebuilt. The underlying theory is that more middle class families will lead to fewer liveability problems, including crime and annoyance. Middle-class inhabitants reduce unemployment figures, are financially more well off and tend to take better care of their own property and direct living environment.

A large housing corporation in Pendrecht summarises its efforts to change the population composition – or composition of different “customer groups” – in the following figure:²⁵⁰

Customer group	Current composition	Ambition Pendrecht 2020
Survivors ²⁵¹	15%	10%
Discoverers ²⁵²	10%	5%
Neighbourhood-oriented one- and two-person households	25%	20%
Neighbourhood-oriented families	15%	30%
Modal income elderly	15%	15%
Well-off elderly	5%	5%
Dynamic individualists ²⁵³	10%	5%
Well-off families	5%	10%
<i>Total</i>	<i>100%</i>	<i>100%</i>

Completely new blocks of apartments or family houses have been built, existing apartments have been combined and renovated to meet contemporary demands of size and comfort, and tenants have been offered the opportunity to purchase their rented apartment from the housing corporation. Other measures by housing corporations to change the population composition are not aimed at attracting the middle class by renovation and housing development, but at “stopping the concentration of citizens with multiple problems”.²⁵⁴ For instance, new potential tenants in apartments owned by the housing corporation are screened and may even be refused on the grounds of insufficient income, a history of previous annoyance or large family size.

Also, current residents who cause severe and repeated annoyance can be removed from the neighbourhood: tenancy agreements can be terminated if ten-

²⁵⁰ “De Nieuwe Tuinstad”, 2009:49; my translation, RP.

²⁵¹ People from lower socio-economic strata, who struggle to make ends meet each day.

²⁵² People who are still finding their way in life and have a strong urban culture, such as students, immigrants and young working people.

²⁵³ Well-educated people with a relatively high income and a dynamic social life.

²⁵⁴ “Comprehensive Neighbourhood Action Programme of Pendrecht”, 2011:21.

ants fail to change their behaviour after repeated warnings. They will be offered another house in a different neighbourhood as a “last chance” – in the words of a housing corporation employee. If this change of context also fails to yield the desired change in behaviour, they are placed on a list of people to whom Rotterdam-based housing corporations do not rent apartments.

3.6. Intervening on presumptions

3.6.1. Proactive policing

Complementary to changing the population composition are efforts to change and control the behaviour of the current population. To this end, several preventive powers have been introduced in the municipal intervention repertoire. These powers follow from a mayor’s formal responsibility for public order in his municipality according to article 172 of the Dutch Municipalities Act. Infringements of the public order are usually so-called ‘victimless offences’, such as noise pollution, annoyance and begging. In the vocabulary of ‘public order’, there are no individual victims, but society in general is perceived to be the victim of disturbances in normal social relations in the public domain.

The broad notion of ‘responsibility for the public order’ is an administrative competence, which exceeds the boundaries of criminal law. It is therefore extremely receptive to preventive ambitions: in principle, the competence to uphold the public order is not a punitive competence, but a preventive or restorative competence (NGB, 2010:9). From this perspective it is not surprising that the mayor’s formal intervention repertoire has been expanded over the last few years to include several explicitly preventive competences, all of which feature the possibility of ‘proactive policing’ or the legal opportunity to intervene before a presumed infringement of the public order has occurred. These formal preventive competences include:

- Stop and search/‘preventive frisking’ (article 151b Municipalities Act): since 2002, the mayor can designate so-called ‘security risk areas’,²⁵⁵ publicly accessible areas with a high risk of violent offences and threat of firearms, such as bar districts, areas with drug nuisance or festival terrains (NGB, 2010:23). Both Pendrecht and Zuidwijk are designated ‘security risk areas’.²⁵⁶ In these areas, the police may carry out searches of persons and vehicles for weapons (guns, pepper spray, knuckledusters) or illegal substances (drugs) without a specific cause or suspicion.

²⁵⁵ In Dutch: ‘veiligheidsrisicogebied’.

²⁵⁶ <http://www.rotterdam.nl/smartsite.dws?id=1046197>; consulted d.d. 3-11-2011.

In practice, small police teams of ten to fifteen officers may close off a street or tube station, stop all cars passing a specific street, or walk into a bar to frisk all customers. This so-called ‘preventive frisking’ in Pendrecht and Zuidwijk takes place on a daily basis, but only during the period between November and April. Preventive frisking aims to prevent violence by confiscating weapons, improve citizens’ feelings of security and trust in police, and deter people from carrying weapons.²⁵⁷

- CCTV-surveillance (article 151c Municipalities Act): a legal basis for CCTV-surveillance has been in place since 2006, even though many municipalities, including Rotterdam, had already been using this preventive measure for some years. As described above, this type of surveillance can have various functions, but in principle “installing cameras is always intended as a preventive measure and not as a tool for criminal investigation” (NGB, 2010:27).
- Administrative confinement²⁵⁸ (articles 154a and 176a Municipalities Act): since 2000, mayors have been able to – under strict legal conditions – order the preventive custody of persons for a maximum of 12 hours. This competence is aimed at keeping (groups of) troublemakers away from large manifestations (such as demonstrations) or events (such as football matches).²⁵⁹
- Preventing hooliganism and severe annoyance (articles 172a and 172b Municipalities Act): since 2010, mayors have acquired additional powers to deal with known troublemakers (such as football hooligans, drug addicts and problem adolescents). To prevent expected new violence or annoyance, the mayor can introduce temporary bans barring individuals from certain places (such as bar districts, tube stations or football stadiums on match days), prohibitions of public gatherings for specific individuals, and bans barring children under the age of 12 from certain areas without parental guidance (NGB, 2010:32-34).

The municipality of Rotterdam uses the instrument of the ‘area ban’ in problematic neighbourhoods to control annoyance, such as public gatherings, intimidating group behaviour, drug nuisance, prostitution and harassment of citizens. In practice, the police issue a warning after the first offence and impose an area ban after a repeated offence (for a minimum of 24 hours and a maximum of nine months).²⁶⁰

²⁵⁷ *Yearly Report Preventive Frisking*, 2008:6.

²⁵⁸ In Dutch: ‘bestuurlijke ophouding’.

²⁵⁹ *Veiligheid voor dummies*, 2010:4.

²⁶⁰ <http://www.rotterdam.nl/Directie%20Veilig/PDF/Overige%20publicaties/beleidsregel%20gebiedsontzegging.pdf>; consulted d.d. 27-10-2011.

- Temporary restraining order: since 2008, Dutch law has allowed mayors to deny a person access to his own home for a maximum of four weeks in case of a clear and serious risk of repeated domestic violence. The period of the restraining order can be used to arrange for proper support and care (NGB, 2010:45).
- Involuntary psychiatric hospital admission (article 20 BOPZ Act): since 1994, mayors may order the involuntary admission in a psychiatric hospital of persons who, as a result of a presumed psychiatric disorder, pose an acute and severe danger for their own security or for the security of others (NGB, 2010:53).

3.6.2. Interventions behind the front door

In addition to the aforementioned formal competences to control and prevent certain behaviour, the city of Rotterdam has also developed measures to influence the behaviour of individual citizens. These measures aim to prevent further problems in the future by tackling the perceived causes of undesirable behaviour. The identification and selection of individual citizens from the general population in Rotterdam is described in the following. The actual nature of personalised approaches in crime prevention is discussed in the following section of this chapter on the Care and Security House in the city of Tilburg.

In the area-oriented approach of crime and annoyance in *Pendrecht* and *Zuidwijk*, the selection of and approach to individual citizens largely takes place on the basis of presumptions. The aforementioned practices of police and non-police surveillance create opportunities for establishing contact with individuals and provide the authorities with valuable information on residents. It takes a specific kind of perspective to select individuals for personalised approaches: a perspective which looks beyond the situation at hand for possible underlying problems and for opportunities to proactively approach these problems. In the words of a neighbourhood police officer: "I always look for the irregular, for what isn't normal in the neighbourhood. This can be an abandoned car, but also an eleven-year old child hanging around late at night. I report everything which strikes me as irregular".

This type of perspective is clearly evident in the practice of 'house calls', also called the 'behind the front door approach'. Small 'intervention teams', consisting of two or three persons (usually representatives of the police and of the city district, sometimes complemented by a representative of a housing corporation or a municipal policy department) visit private residences to check for any irregularities, such as drug use, cannabis nurseries, illegal habitation, filth, poverty, arrears of maintenance, social security fraud, child neglect, teenage mothers and other

personal or family issues. Houses are selected on the basis of neighbourhood complaints or presumptions of illegal activities by the police, municipality and the housing corporation. At the time of this study (fall 2011), the intervention team in Pendrecht was visiting around four or five houses per month.

In practice, an intervention team is usually allowed in by the tenants (even though they can legally refuse entrance).²⁶¹ The team works according to a strict protocol.²⁶² The home situation is assessed on the basis of a quick search through the house, a talk with the residents and further available information on the residents. A standard checklist is used to evaluate six 'life areas' (housing, employment and income, health, education, welfare support, and fire safety). This can be the starting point for further personalised interventions²⁶³ – in terms of repression (such as home eviction or cuts in social security) or care (such as family support). Inspections by intervention teams may be announced or unannounced – the latter in the case of irregularities in the population register, previous problems with a specific house (such as cannabis nurseries), and in the case of nuisance, signs of illegal habitation or severe personal problems of the tenants.

Even though the 'behind the front door approach' is not limited to crime policy, but aims to detect various types of problems, this proactive outreach intervention is typical of a policy aimed at preventing crime and nuisance. An important objective of house calls is law enforcement, but this is complemented by an additional goal of identifying the causes of undesirable behaviour. Again, as with surveillance activities, repression (or law enforcement) and prevention are highly interrelated.

3.7. Analysis

The objective of the inquiry into the crime control activities in Rotterdam-South was to gain insight in the role of prevention in these activities, and thereby to support the findings in the previously discussed policy genealogy. An analysis of the intervention repertoire in Rotterdam-South reveals three distinct ways in which the perspective of prevention infuses situation-specific crime policy. Even

²⁶¹ This is not the case for recipients of social security. They are obliged to cooperate. Furthermore, if tenants refuse entrance to the intervention team, this is not entirely without consequences: an annotation of the refusal is made in their dossier.

²⁶² <http://www.rotterdam.nl/Directie%20Veilig/PDF/Overige%20publicaties/protocol%20huisbezoeken%20interventieteams%202010.pdf>; consulted d.d. 27-10-2011.

²⁶³ The intervention teams also reveal the importance of coordinated activities for an effective proactive outreach approach. The police, municipality and housing corporation work closely together in the teams themselves, but also coordinate their activities in the follow-up actions after an intervention. For instance, if an irregularity has been identified, the police write a ticket, the housing corporation sends a letter warning of the violation of the rent contract, and the municipality invites the residents for a talk to discuss various scenarios.

though the boundaries between repression and prevention are often thin or even impossible to draw where both ambitions are simultaneously served, the ambition to prevent crime, annoyance and liveability problems is at the core of the municipal approach. Prevention, construed as a 'way of seeing', produces specific problem definitions, specific policy ambitions and specific types of interventions.

First, the *prevention perspective changes the way the physical layout of the city, the population composition and citizen behaviour are perceived*. The physical layout of the public domain is no longer seen through functional or emancipatory eyes, but as an opportunity structure for criminal behaviour. The population composition is not a neutral given, but a determinant of crime, annoyance and liveability problems. And citizen behaviour is not merely a matter of individual responsibility, but also a source of risks. The police, housing corporations and municipality see different aspects of social reality and perceive different problems when they look through a preventive gaze. What may have been neutral elements in the public domain have now been transformed into the focal points of preventive interventions.

The archetypal expression of this transformation in problem perception is the way the built-up environment in Rotterdam-South is perceived. In the words of one interviewee, the neighbourhood is "*seen through the eyes of a criminal*". An analysis of how criminals (or other troublemakers) would make use of the physical layout has become the starting point for interventions in the opportunity structure. Take, for instance, the design and placement of public benches. Next to providing recreational services to the public, careful consideration of the distribution of these benches also offer possibilities to reduce crime and nuisance in the public domain. Since some benches tend to attract annoying adolescents and drug dealers, removing these is a means to prevent annoyance and crime. In much the same way, escape routes, arcades, entrance halls, clear sightlines, the height of hedges and street lighting become the object of a preventive crime policy.

Second, *surveillance and monitoring are preconditions for prevention*. The public domain and citizen behaviour are carefully monitored to identify risks and select objects for preventive interventions. Risks need to be identified before they can be tackled. Prevention depends on a *panoptic capability* – the extent to which authorities are able to identify the places, times and citizens posing an increased risk to security. CCTV-surveillance enables 24/7 monitoring. Police surveillance is focused on 'hot spots'. Intervention teams look behind the front door. Priorities are based on the results of a Security Index. And profiles are made of ex-offenders and risk adolescents.

These and other forms of surveillance and monitoring can be used for purposes of deterrence (such as police surveillance at 'hot spots'), but they also are the selection mechanism for personalised interventions. The mechanism at play is a specific way of looking at what goes on in the streets, at citizen behaviour in the public domain, at increasing crime figures in a certain neighbourhood, and at indications of criminal behaviour or personal problems behind the front door. In the words of an interviewee, surveillance and monitoring are deployed to "*look for the irregular*", to look for what deviates from normality. This implies a broadening of the professional scope of, among others, police officers and housing corporation employees. Police officers no longer merely write tickets for infringements, but also look for means to enable a more structural approach to the perceived causes of these infringements (such as personal or family issues of problem adolescents). Housing corporations no longer merely take care of maintenance and repair, but will also approach individual tenants if their behaviour causes problems.

In the third and final place, the municipality's preventive ambitions are supported and made possible by innovations in the formal-legal intervention repertoire of public authorities. The mayor's responsibility for upholding public order is in many ways a preventive responsibility. Whereas the administration of justice requires concrete suspicions of criminal offences, upholding the public order has either a restorative or a preventive nature. Put differently, the notion of public order is highly receptive to the perspective of prevention. *The expansion of the mayor's formal competences is a logical consequence of adopting a prevention perspective.*

Even though the responsibility for the public order is a longstanding municipal task, the intervention repertoire has been considerably expanded during the last few years to facilitate proactive policing and prevention of disturbances in the public order. New formal competences of the mayor include the ordering of 'preventive frisking' (stop and search of citizens without reasonable suspicion), CCTV-surveillance, restraint orders, area bans and administrative confinement. What characterises these new preventive instruments is that they enable interventions before an actual infringement of the law has occurred. In other words, *interventions are justified on the basis of presumptions.*

4. Care and Security House Tilburg

4.1. Tilburg, Spoorlaan 448

To describe the second and third floor of an office block on a busy street in the centre of town²⁶⁴ as a 'house'²⁶⁵ may seem somewhat farfetched. The elevator taking visitors to the reception on the second floor has a small sign indicating that the offices and meeting rooms on the third floor can only be accessed with an entrance card. They have had a few incidents involving ex-offenders who came to 'claim' their welfare support. The reception itself looks like a general practitioner's waiting room. Small seats are attached to the wall. A local radio station is playing. A flat screen on the wall offers visitors some general information on the Care and Security House. A news bar at the bottom of the screen shows local police messages and news items. A few people are waiting to be collected for their appointment. A few gossip magazines lie scattered on side tables. There is a lively reception and front office where the local dialect prevails.

In short, the Care and Security House has an open and friendly character. The atmosphere is very informal. Most staff members – or employees of the various partner organisations working part-time at the Care and Security House – work in open-space offices or at least leave the door to their office open.²⁶⁶ Police officers visiting the Care and Security House leave their uniform at the police station. The open-space plan is designed to promote cooperation between employees. There also is a conference room for case consultations, as well as several meeting rooms where citizens – 'clients' as they are called – can be received to discuss offers for community service or educational support. All these meeting rooms have CCTV – just in case something happens.

In total, 20 organisations and just under 200 employees work together in the Care and Security House (both permanent staff and part time employees of the partner organisations). Youth care services, public prosecutor, the police, municipality, housing corporations, custodial institutions, welfare work, community service bureau, a drugs and alcohol clinic, probation office, child protection council, sup-

²⁶⁴ Tilburg, a former industrial town, is a city with just over 200,000 inhabitants in the south of the Netherlands. According to one of the interviewed managers of the Care and Security House, there are roughly 200 habitual offenders and 20 so called 'systematic offenders' (very active habitual offenders) within the city. These are important target groups for the activities of the Care and Security House.

²⁶⁵ The word 'house' should not be taken to literally, even though the essence of the approach is that network partners come together in one location to coordinate their efforts. One can better think of a Security 'House' as an office or meeting-place, where representatives of various organisations can come together for meetings or can spend a part of their time working.

²⁶⁶ Some 80 workstations are available for just under 200 mostly part-time employees.

port point domestic violence, psychiatric clinic and mental institution²⁶⁷ – representatives of these organisations and professions have all been brought together under one roof. The ‘raison d’être’ of the Care and Security House was “[...] the necessity to overcome organisational divides between administration, justice and welfare, and thereby create conditions for a more adequate approach of security issues” (Fijnaut, in Franken c.s., 2008:96; my translation, RP). The Care and Security House can be seen as an ‘information hub’ designed to facilitate integrated efforts for individual cases and problems.

Although the Security House in Tilburg was established in 2002,²⁶⁸ the integration of welfare organisations was only realised in 2008.²⁶⁹ The main argument for integration was the overlap in client needs with regard to security and health care approaches. This ‘overlap’ could lead to situations in which various organisations failed to coordinate their efforts around one single case. Another incentive for cooperation was the (partial) financial compensation for activities in the context of the Care and Security House, as network partners are sometimes obliged to contribute to security issues under the terms of their subsidy contract with the municipality of Tilburg.²⁷⁰ Even though the municipality has little formal say on many of the welfare organisations involved in the Care and Security House,²⁷¹ it does try to persuade them to take their role in crime prevention seriously – if necessary, by altering subsidy contracts.

²⁶⁷ In Dutch, the network partners are: gemeente Tilburg, OM, Amarant, Bureau Jeugdzorg, DJI, GGD, GGZ, Halt, Instituut Maatschappelijk Werk, Juvans, Kompaan en De Bocht, Novadic-Kentron, politie, Raad voor de Kinderbescherming, Reclassering Nederland, RIBW, Slachtofferhulp, Steunpunt Huiselijk Geweld, Stichting MEE and Traverse.

²⁶⁸ This made the Security House in Tilburg the first of its kind in the Netherlands. The Security House focused on first offenders and ex-offenders. It is noteworthy to mention that this was a local initiative, which was later picked up by national government, for instance in the *Security Starts with Prevention* memorandum which proposes a national coverage of Security Houses for “an adequate connection between a punitive approach of adolescents and underlying family problems” (SSP, 2007:2-3). At the time of writing (early 2011), there were a total of 45 Security Houses in The Netherlands.

²⁶⁹ At the time of research, this was the only Dutch Security House to have fully integrated the welfare domain into its working method.

²⁷⁰ *Care for security*, local policy memorandum on security policy 2008-2010, municipality of Tilburg, 2008:1.

²⁷¹ Of course, the mere existence of a Security House does not necessarily mean it is effective. The effectiveness and robustness of a Security House depends to a large extent on the local institutional settings and the commitment of the network partners. A common organisational dilemma here is that financial circuits of the network partners are usually based on segmented tasks and not on integrated efforts. Also, employees of the network partners have to be competent to develop integrated approaches, which sometimes requires neglecting formal goals or organisational boundaries for the sake of individual cases. According to one of the interviewed managers, this is an important criterion for all employees of the Care and Security House in Tilburg.

The basic assumption underlying the integration of the care and security domains is that criminal behaviour usually coincides with complex personal and social issues.²⁷² Based on this assumption, it is logical – from a preventive point of view, at least – to integrate the existing approaches to these social issues. In the words of one of the employees: “every euro well spent in the social domain is effectively a euro well spent in the security domain”. This theory is constitutive for the Care and Security House: if there were no (perceived or imaginable) relations between criminal acts and underlying socio-economic, mental or personal living circumstances, personalised and integrated interventions would be redundant. A preventive strategy needs a prior causal scheme to identify the possible objects of intervention.

Interestingly enough, the first name suggestion – ‘Prevention House’²⁷³ – was declined by the welfare organisations, since they felt this would make them instrumental in promoting crime prevention only. The basic idea behind the co-operation between the 20 organisations involved is to determine the most appropriate and effective approach possible for individual cases – whether this is a judicial (repressive) measure or an offer of support to change a criminal lifestyle, or a combination of the two.

The main purpose of the Care and Security House is to provide a setting for these organisations to coordinate their efforts around several categories of citizens who either have or cause problems. The most important categories are problem children and adolescents, habitual offenders, victims and perpetrators of domestic violence, and persons with multiple and complex problems (a group often referred to as ‘worrisome care avoiders’).²⁷⁴ For some specific target groups, several teams are based within the Care and Security House itself – including the ‘care interference’ team, that deals with the above mentioned ‘care avoiders’, a team for the municipal (non-judicial) approach to ex offenders, and a team tasked with

²⁷² This assumption can sometimes confront the network partners with interesting questions. The approach behind many interventions is based on the idea that so called ‘life areas’ are important indicators for criminal behaviour: unemployment, a poor family situation and financial problems are correlated with criminal behaviour (such as ex-offenders falling back into their criminal habits). But the network partners are also confronted with cases of criminal behaviour in which there are no evident underlying social or personal problems. It is difficult to find an object for preventive interventions in these cases, since they do not fit the underlying assumption of a relation between criminal behaviour and personal or family issues.

²⁷³ The term is also used in the local security memorandum *Care for security*, 2008:13. In this memorandum, the establishment of the eventual Care and Security House is announced.

²⁷⁴ In Dutch: ‘zorgwekkende zorgmijders’. These are people who do not ask for care, but are in need of care (according to the assessment of welfare workers), are unaware of the care available, or have refused earlier help efforts – for instance drug or alcohol addicts who do not recognise the severity of their problems.

handling cases of domestic and sexual violence. In its mission statement, the Care and Security House states the following objectives:

- Reducing domestic violence;
- Developing approaches for people with multiple problems;
- Preventing first offences by adolescents;
- Preventing recidivism;
- Offering support for victims;
- Offering appropriate (after) care;
- Offering a reliable information node.²⁷⁵

The establishment of the Care and Security House was a local initiative (started in 2002 in Tilburg) and still is a local affair: the regionally organised network partners are called upon to create the necessary facilities for their specific region (usually a city and its neighbouring towns). No blueprint is provided by the national government, but it does stimulate the sharing of 'best practices' and 'proven effective behavioural interventions' – for instance, through databases and websites offering information for local organisations²⁷⁶ or providing privacy protocols for data sharing between network partners on individual citizens. Furthermore, national government offers information and advice on effective means to organise cooperation between network partners and helps to develop information systems to integrate available data on individual cases and 'follow' the progress in these cases. The national government merely facilitates – local network partners carry out the actual implementation.

The Care and Security House plays a central role in the municipal security policy. The local policy context in which the Care and Security House was established is of an explicitly preventive nature: "Repression will certainly not be abandoned, but more attention will be paid to prevention. You can keep fighting symptoms, but you only need to take away the cause once".²⁷⁷ According to the local policy memoranda, the assumption underlying the establishment of the Care and

²⁷⁵ <http://tilburg.veiligheidshuis.org/site/?page=1>; consulted d.d. 18-3-2011.

²⁷⁶ For instance the website of the national Centre for Crime Prevention and Security (<http://www.hetccv.nl/>), which offers information on effective administrative instruments in crime control and their legal constraints and conditions. Other relevant initiatives to facilitate local crime control are the Committee on Behavioural Interventions (<http://www.rijksoverheid.nl/onderwerpen/recidive/erkenningcommissie-gedraginterventies>), a committee under responsibility of the Minister of Justice which examines and assesses the effectiveness of behavioural interventions to reduce recidivism; and the website of the Guidebook Youth and Security, an information database on available instruments and legal competences on juvenile delinquency developed by the Ministries of Justice and Internal Affairs, the aforementioned Centre for Crime Prevention and Security, and the Association of Netherlands Municipalities (<http://www.wegwijzerjeugdenveiligheid.nl/index>). All websites consulted d.d. 25-4-2011.

²⁷⁷ "Tilburg maakt werk van integraal veiligheidsbeleid", 2008:1 (my translation, RP).

Security House was that a mere punitive approach lacks the behavioural component necessary for prevention. Especially adolescents – both delinquent and risk adolescents – are an important focal point, since this is a group perceived to be receptive to preventive measures.²⁷⁸

4.2. Assessment, coordination and intervention

4.2.1. Case consultations

The working process in the Care and Security House is organised around ‘case consultations’, in which the approach to individual cases is discussed with a number of relevant network partners. The following consultations are organised on behalf of the various different target groups:²⁷⁹

- Judicial Case Consultation Youth: minors who have committed a criminal offence or have infringed upon the Compulsory Education Act. Network partners present at this consultation are the police, public prosecutor, child welfare council, youth care, the community service bureau and the compulsory education bureau.
- Scenario Consultation Youth: monitoring of juvenile habitual offenders and risk adolescents, as well as after-care programmes for ex-offenders. Network partners present at this consultation are the police, public prosecutor, child welfare council, youth care, Judicial Custodial Institution, compulsory education bureau and the municipality of Tilburg.
- Scenario Consultation Habitual Offenders: judicial approach to habitual offenders and after-care for those leaving detention. Network partners present at this consultation are the police, public prosecutor, probation service, addiction clinic, municipal health service, community shelters, psychiatric care services, Judicial Custodial Institution, social work and the municipality of Tilburg.
- Social Work Case Consultation Youth: risk adolescents and problematic youth groups (non-judicial). Network partners present at this consultation are the police, child welfare council, youth care, social work, compulsory education bureau and youth work.
- Social Work Case Consultation Adults: adults with multiple complex problems (non-judicial). Network partners present at this consultation are the police, municipal health service, housing corporation, social work, com-

²⁷⁸ *Care for security*, 2008:1.

²⁷⁹ <http://tilburg.veiligheidshuis.org/site/?page=1>; consulted d.d. 18-3-2011. The names of the consultations are translated from Dutch.

munity shelters, psychiatric services, addiction clinic and the municipality of Tilburg.

- Domestic Violence: personal or family-centred approaches to cases of domestic violence. Network partners present at this consultation are the police, public prosecutor, probation service, addiction clinic, municipal health service, social work, community shelters, victim service and the support unit domestic violence.
- Scenario Team Sexual Violence: approaches to cases of (presumed) sexual violence. Network partners present at this consultation are the police, municipal health service, social work, community shelters, child welfare council, youth care and the support unit domestic violence.
- Routing Consultation: after care for underaged ex-offenders. Network partners present at this consultation are the child welfare council, youth care, judicial custodial institution and the municipality of Tilburg.

The first objective of these consultations is to assess individual cases. In most consultations, the chairman briefly introduces an individual case, followed by an invitation to the representatives of the network partners to provide more information on the individual involved (if available). For instance, a juvenile first offender may also turn up in the files of the compulsory education bureau or may have had previous contacts with child care services. Also, any available information on a person's social environment is discussed to gain insight into the background of an individual case – which could range from a first offender whose parents have a criminal record to the characteristics of a youth group with which an adolescent hangs out on the streets.

Previous contacts of an individual with the police are also deemed relevant – whether or not these led to charges (instead of actual convictions) or merely concerned involvement in other cases (such as being present when a friend or relative committed an offence). In general, case assessment implies looking beyond the initial (police) report at the underlying personal and social context of an individual. If this context is “cause for concern” – as the representatives of the network partners call it – further interventions might be justified.

The second objective of these consultations is to determine a course of action and to coordinate the efforts of the network partners: “nobody walks out the door without a swift and clear response”.²⁸⁰ Under the motto “one family, one plan”,²⁸¹ the network partners develop an approach that operates on the assumption that an individual's personal and family situation is a crucial explanatory

²⁸⁰ <http://tilburg.veiligheidshuis.org/site/?page=1>; consulted d.d. 18-3-2011; my transl., RP.

²⁸¹ <http://tilburg.veiligheidshuis.org/site/?page=1>; consulted d.d. 18-3-2011; my transl., RP.

factor for criminal behaviour and personal problems. The eventual approach aims to intervene in this specific situation with the purpose of preventing further problems or the worsening of problems in the future. In practice, this can lead to interventions to prevent first offenders from committing any further offences, prevent worsening of situations of domestic violence, or reintegrate an ex-offender.

The strategies developed during the case consultations are usually called 'scenarios'. A 'scenario' expresses the idea that interventions are made on the basis of, on the one hand, expectations with regard to the development and behaviour of an individual if no intervention takes place, and, on the other hand, expectations with regard to the most effective object and intervention strategy to structurally avert this future. In practice, this usually means that the prime responsibility for an intervention is assigned to one of the network partners during the case consultation. Depending on the case and the nature of the consultation, a follow-up on an individual case is put on the agenda for next week's consultation.²⁸² These follow-up consultations are usually of an informative nature: no new interventions are planned, but the progress of current cases and interventions continue to be monitored.²⁸³

Practical matters are the main concern during most case consultations. Consider, for instance, the case of 17-year old Peter,²⁸⁴ who was convicted of molestation and has dropped out of school. He now lives with his grandfather. A strict programme to get his life straightened out is part of his probation process. According to his probation officer, the Crossroads-project, a full-day programme of education, work, social skills classes, cooking, and strict control on use of drugs in which adolescents participate for a minimum of six months and a maximum of two years, would be ideal for Peter. However, Peter and his parents or caretakers must

²⁸² Some consultations are held once every two weeks.

²⁸³ Virtually all case consultations are structured the same way. The agenda consists of a list of cases to be discussed in (usually) one and a half hour – ranging anywhere from 6 to 20 cases. Each case is introduced briefly by the chairman or the representative of the police. Next, every representative of the network partners is asked whether he or she has any information based on prior contacts with the individual (or his family) in question. Each case consultation ends with a clear decision, supported by all representatives present, on which network partner will take what kind of action.

For every case, notes are taken by a staff member of the Care and Security House – and sometimes placed in an electronic file or regional database which can be accessed by all relevant network partners. These notes, which are added to a case file, are projected during the consultation on a large screen for all participants to see. And if a representative of the public prosecutor is present, he or she can log into the court system to check on charges, previous sentences, court session days, dates of discharge from prison, and so on.

²⁸⁴ This case, as well as the cases mentioned below, are based on real cases, but have been adjusted and made anonymous for privacy reasons. The cases are, however, representative of the ones discussed during the consultations.

sign a contract to commit to this project. In Peter's case, his grandfather will not allow the probation officer to talk to Peter. If he persists in his refusal, the only alternative remaining is court custody.

The practical matter discussed here – and in most other case consultations – is twofold: how to approach citizens in the most appropriate way, and how to make these citizens cooperate. These questions are tackled pragmatically by the representatives of the various network partners. The network partners are familiar with each other's roles and responsibilities.²⁸⁵ Case consultations are a matter of deciding how to 'get through' to citizens. This implies deciding what sort of action should be taken (coercion or care?), who should take action (social workers or youth care?), and what strategies should be deployed (merely offering care to clients, persuading clients to accept care, or warning clients that refusing care might lead to more coercive measures?). In the words of one of the employees: "you only have one chance to make the first contact".

A typical case consultation on a first time report may take the following form:

Chairman: "[...] Ok, then. On to the next case".

Police officer: "[...] This is another one of those affairs... 16-year old Kimberley was reported missing by her mother. Turned out she was staying at a girlfriend's place. Kimberley has been arrested twice in the past year for shoplifting. And we are also familiar with some of her relatives – a brother and her father have been suspected of felonies. For us, this was cause for concern about Kimberley's wellbeing".

Chairman: "Thank you. Does anyone have more information about Kimberley or her family situation?"

Child protection: "No, we're not familiar with her".

Social work: "Yes, we're familiar with this family. The mother followed an anger management course with us two years ago".

Compulsory education: "And we are familiar with Kimberley as well. She has problems at school: gets in fights with fellow students and

²⁸⁵ Even though the consultations are well structured (and often having a routine-like nature), the atmosphere is relaxed and informal.

has played truant twice this year. Her school says she is a ticking time bomb”.

Youth worker: “No. No information”.

Youth care: “It is also good to know that there are three other children in this family. Apparently the police are familiar with one of them, but we know nothing about the other two. I’d like to know more, considering the trouble the other two are causing”.

Chairman: “Well, this is indeed cause for concern. I think it might be best if outreach social work and youth care cooperate on this one to find out more about the issues in this family”.

Social work: “Alright, we’ll pay them a visit and take a look”.

Chairman: “And I’ll put this case on the agenda for our next consultation two weeks from now”.

And a typical case consultation to monitor the progress of an individual case may take the following form:

Chairman: “Well, our friend was released from prison two weeks ago. Do we know what he has been up to lately?”

Police officer: “Yes, we have been extra vigilant since he was released from prison. He has been spotted with his drinking pals at central station again”.

Chairman: “That doesn’t come as a surprise”.

Public prosecutor: “I have been counting. If he commits one more crime he will have committed enough in the last five years for a judicial detention and treatment order”.

- Chairman:* “Ok, let’s put him on our list as ‘potential ISD’²⁸⁶ and keep a close watch on him. Next case concerns our acquaintance Smith”.
- Probation officer:* “I’m very concerned about him. He recently threatened two employees of the Custodial Institution where he is resident with a knife. I think we should really advise the court to prolong his detention and treatment order”.
- Chairman:* “When is that decision due?”
- Public prosecutor:* “In two months”.
- Chairman:* “Do we have any back-up plan in case the court should decide not to prolong his detention and treatment order?”
- Probation officer:* “We can only keep an eye out for him and try to persuade him to follow a municipal resocialisation programme”.
- Social work:* “But isn’t this a guy with a very low IQ? Bear in mind that the open municipal reintegration facility uses a minimum cut-off IQ score of 75”.
- Probation officer:* “That might indeed be a problem. I’ll check it out. The only other alternative we have is to try to place him in a facility for the intellectually impaired”.
- Chairman:* “Ok. But make sure you can act quickly should the court go against our advice. Smith could then be back on the streets within a week”.

Another relevant issue is how individual cases actually ‘enter’ the Care and Security House. In most instances, the cases are introduced in the various case consultations by the police. For instance, all police reports of domestic violence, all reports of juvenile delinquency and all new incidents involving habitual offenders are by definition discussed in the relevant case consultations. Besides formal reports of criminal offences, the police can also draw up so-called ‘concern re-

²⁸⁶ Institution for Habitual Offenders: specialised detention and treatment order for habitual offenders. In Dutch: Inrichting voor Stelselmatige Daders (ISD).

ports'.²⁸⁷ These are cases in which there is no direct criminal offence, but there are serious concerns about the personal or social problems an individual citizen (and especially children or adolescents) might have. Examples include children who have run away from home, a child living with two criminal parents, a child living in a house where a cannabis nursery was dismantled, a person arrested for drug dealing with apparent medical and personal problems, and so on. If a reporting officer assesses such a case as being a serious 'cause for concern', it will also be discussed in the Care and Security House.²⁸⁸

Cases can also be introduced by the other network partners. These cases generally concern individuals with multiple and complex social issues, who are therefore in need of an integrated approach. In the Routing Consultation, the public prosecutor introduces all cases of ex-offenders about to leave detention and start their probation. And finally, the staff of the Care and Security House itself regularly draws up updated lists of habitual offenders to be discussed and monitored in the Scenario Consultations Youth and Habitual Offenders. Individual citizens cannot report cases to the Care and Security House. The consultations between the network partners in the Care and Security House are based on previous reports of criminal offences or specific 'concerns' for the wellbeing or behaviour of individual citizens.²⁸⁹

In the following, we take a closer look at the working practices of the professionals associated with the Care and Security House. The descriptions given below of 'client contacts' (as the interventions in individual cases are called) are not meant to be exhaustive, but to provide a representative impression of the working practices in and around the Care and Security House. Five target groups have been selected; three of the five belong on the 'security side' of the spectrum: juvenile offenders, habitual offenders and ex-offenders. The two other target groups are on the 'care side' of the spectrum: care avoiders and risk adolescents (taken together as one target group) and domestic violence. It is important to keep in mind, however, that all of these target groups can overlap: a juvenile offender can also be a

²⁸⁷ In Dutch: 'zorgmelding'.

²⁸⁸ Five phases can be distinguished in the working process of the Care and Security House: 1) input (reports of individual cases), 2) case consultation, 3) implementation of developed approach, 4) monitoring of the progress of the intervention, and 5) termination of the case after completion of the intervention (Jaarplan 2009 Veiligheidshuis Tilburg, 2009:10).

²⁸⁹ In this respect, the working process is of a reactive rather than a preventive nature. However, upon closer inspection, the objectives of the consultations reveal a definite preventive ambition. In the words of one of the interviewed managers of the Care and Security House: "Our objective is not to prevent people from being reported. Our objective is to prevent people – once they are reported – from ever being reported a second time" (see also: Jaarplan 2010 Zorg- en Veiligheidshuis Tilburg, 2010:11).

habitual offender or an at-risk adolescent in need of care, and an ex-offender working on his rehabilitation can also be a (former) habitual offender.

4.2.2. Juvenile offenders

Mary, who just turned 16 last month, was caught at school in possession of two XTC-pills. When confronted by one of her teachers, she threatened him and became violent. She has had no prior contacts with the police, but the compulsory education bureau has her on record for playing truant twice during the past year. Also, the youth care systems show that she was diagnosed with ADHD a few years ago. She hangs out with a group of youths at the station square. Furthermore, a teacher told the police that Mary's mother passed away a few months ago. Even though the offence Mary has committed is not that serious, the circumstances are serious cause for concern about her wellbeing and future development. A punitive approach might therefore worsen her situation. Instead, she will receive an alternative sanction and social workers will visit her at home to talk with her and see if she wants to accept help.

All declarations of offences by minors (between the age of 12 and 17) are discussed in the Judicial Case Consultation Youth. The public prosecutor presents the cases and discusses what the most appropriate action is. For instance, a boy suspected of stealing bikes might be brought before juvenile court, whereas a young hooligan who offended a group of policemen might receive an offer to carry out community service. The judicial response to each offence should be proportional, but also effective in terms of preventing recidivism. A first offence, in particular, might therefore be followed by an intervention by social work to talk with parents to assess the family situation. In the case of underlying family issues, cases can also be transferred to the Social Work Case Consultation Youth, in which an appropriate intervention will be developed by youth care or social work.

The specific approach adopted towards a juvenile offender is based first on the severity of the offence, second on the offender's personal circumstances, and third on the cooperative attitude of the offender's parents. Serious offences are always followed by a judicial approach; minor offences (such as shoplifting or vandalism) may be followed by an alternative approach: especially in cases of young first offenders without further behavioural or school problems, a settlement is usually offered by the public prosecutor to the parents in the form of an alternative, non-judicial, sanction,²⁹⁰ on condition that a (formal) confession and parental consent is obtained to organise an alternative sanction for their son or

²⁹⁰ However, if an adolescent does not follow the alternative programme, the community service bureau may advise the public prosecutor to start a judicial approach after all.

daughter. This criterion filters out the uncooperative cases. The alternative sanction has an explicit pedagogical objective and has the advantage that juvenile offenders avoid being saddled with a criminal record.

The alternative sanctions are carried out by community service bureau 'Halt' – which is short for 'the alternative' in Dutch and (as in English) means 'stop'. The approach is based on the idea that adolescents should set right as far as possible what they have done wrong, and that adolescents have to learn what the consequences of their acts were or might have been. Depending on the length of the alternative programme and on the motivation of the adolescent to cooperate, a stint of community service might also be a part of the sanction.²⁹¹

The core of the programme consists of three talks between the adolescent in question, the parents and a 'Halt'-employee, a learning assignment to be completed by the adolescent (which might take the form of writing an essay on what he or she has done wrong),²⁹² apologies to the victim of their offence, and sometimes a (financial) compensation for the damage done. This entire programme takes about four weeks. The basic assumption behind this programme is that juvenile offenders learn by being confronted with the (possible) consequences of their acts. 'Learning' has a preventive objective: the alternative sanction is designed to keep adolescents from committing another offence in the future.

Consider, for instance, the case of Mike, Vincent and Patrick – three 13-year old 'typical Halt-youngsters'.²⁹³ They were caught starting a small fire in a forest outside of Tilburg during a period of extreme drought. Although it was not necessary to alarm the fire brigade – the small fire was put out by a passer-by – the three youngsters were requested to appear at a local fire station for an 'apology' as part of their alternative sanction. At this meeting, Joan, the 'Halt'-employee opened the conversation, after which the three boys timidly addressed the fireman:

²⁹¹ 'Halt' sanctions longer than eight hours always have an element of community service. Furthermore, if adolescents are unmotivated or uninterested in learning about what they have done, 'Halt' usually decides not to waste any time on talks with victims, but instead makes community service a larger part of their programme. In the words of one of the 'Halt'-employees: "maybe these unmotivated youngsters will learn something through this more repressive approach".

²⁹² If adolescents have committed an offence under the influence of drugs or alcohol, their learning assignment includes a course at a local clinic to hear and talk about the negative effects of alcohol and drug use.

²⁹³ In the words of the 'Halt'-employee dealing with their case. Mike, Vincent and Patrick come across as the typical 'boys next door'. During the observation of their 'apology', they appeared to be slightly intimidated by the circumstances. It was fairly obvious which of them was the instigator and which the followers.

Joan: "We are here because you have started a fire. We have prepared some questions for the fireman present here. But perhaps you'd first want to tell him what you have done?"

Mike: "Well, we were playing in the forest near our scouting club. And then we thought about making a fire in a hole with some leaves..."

Vincent: "...It was just a small fire. But I saw a man was watching us and we ran away. He came after us and he told us we had to wait for the police..."

Patrick: "...Yes, I think that's about what happened. I don't know really. We also had to write an essay about what we did".

Joan: "But you also want to tell the fireman something, don't you? And you have some questions to ask, because we talked about what could have happened".

Vincent: "Yes. We would like to know what a 'code red' means..."

Following this introduction, the fireman gave a short improvised lecture on the dangers of forest fires. He stressed what might have happened. Especially the number of firemen and the amount of water required to fight a forest fire seemed to impress the three youngsters. During the meeting, the 'Halt'-employee repeatedly had to remind the three boys about the questions they had prepared, since they mostly remained quiet – probably as a result of nervousness and a short attention span. After 45 minutes the meeting, which was largely of an informative nature, came to an end.

Fireman: "What do you think about what I told you?"

Patrick: "That what we did was pretty stupid" [Vincent and Mike nod in agreement].

Joan: [Addressing the fireman] "Well thank you very much for your time. I hope it was useful for you as well. Hopefully you won't see these boys again here. [Turning attention to the boys] And I'd like you to think about today. About what you heard. I will call your parents to make another appointment. I'm curious as to what you will tell them about today. You can go now".

A meeting like this is preventive in the sense that talking about the consequences of certain behaviour aims to establish a 'learning effect'. In other words, while 'Halt'-interventions are first and foremost sanctions for minor offences, the contacts with juvenile offenders are taken as an opportunity to have an effect on the way these youngsters think about certain behaviour.

4.2.3. Habitual offenders

John has a long criminal record and is well known by police, public prosecutor and probation office. He spent a few weeks in prison after his most recent conviction for burglary. At the moment, he is back home in a squat. However, neighbours have recently complained about noise pollution in the middle of the night. They suspect that drug dealing takes place in the squat, but there are not enough leads for the police to take action. Furthermore, they do not know if John himself is directly involved. However, the police will keep a close watch on the premises and on John's behaviour. Should there be evidence of criminal offences being committed, this could lead to John's tenth conviction in the last five years. This is enough for a judge to send him to an Institution for Habitual Offenders ('ISD') for a maximum of two years. There, he will follow a strict programme to break through the vicious cycle of committing crimes, getting arrested, spending a few weeks in prison and relapsing into old habits again. For now, John will be classified as 'potential ISD'.

At the Care and Security House, four different categories of habitual offenders are distinguished. First, there are offenders within the 'focus group': these habitual offenders are motivated to accept care and work on kicking their old habits, whether or not as a part of a court ruling.

Second, there is the 'potential ISD' category, which includes habitual offenders on the brink of committing 'enough' offences to receive a detention and treatment order developed specifically for this target group ('ISD'). A list is kept of these habitual offenders in the Care and Security House. All habitual offenders on the 'potential ISD'-list are sent a letter from the public prosecutor, in which they are warned that one more offence could lead to an ISD-order in court. Furthermore, the police actively "stalk"²⁹⁴ offenders on the 'potential ISD'-list to increase the chances of arrest.²⁹⁵

²⁹⁴ These are the words of a manager at the ISD-unit at the Vught penitentiary. In Dutch, the term used is 'ambtelijk stalken'.

²⁹⁵ If habitual offenders on the 'potential ISD' list are arrested, the probation office makes an assessment of factors conducive to crime in the offender's personal characteristics or social context. This assessment will be part of a court advice on the most suitable treatment (with 'ISD' as a possibility).

Third, there is a group of offenders already inside an Institution for Habitual Offenders ('ISD'). These are habitual offenders who received a detention and treatment order following their latest offence.

And finally, there is a group of habitual offenders who have been assessed as being unfit for treatment – they will simply receive a punitive response after committing a crime.

The first three categories receive special attention from the network partners at the Care and Security House, since these habitual offenders are susceptible to behavioural change. They are all monitored during the meetings of the Scenario Consultation Habitual Offenders: have they committed any new offences? Are they motivated to work on rehabilitation? How is their rehabilitation programme progressing? When do they leave prison or the ISD? What are the risks of relapse if they return to society? What action should the municipality take to make sure someone leaving the ISD has a place to stay and an income in the form of social security?

Since 2004, the courts have had the legal possibility to impose a detention and treatment order of a maximum of 24 months for very active habitual offenders (ten offences in the last five years). Of the 5000 to 6000 registered very active habitual offenders in The Netherlands, some 300 are annually placed in an Institution for Habitual Offenders ('ISD'). "The primary goal of the ISD-order is long-term detention, in order to make it practically impossible for adult, very active habitual offenders to continue their criminal behaviour. The second goal is to reduce recidivism through behavioural change and reintegration into society".²⁹⁶ For a maximum of 24 months,²⁹⁷ habitual offenders in the ISD follow a treatment programme "[...] aimed at motivating the habitual offender for a life without crime, at learning new behaviour and at preparing a return into society".²⁹⁸

One of the Dutch ISD-units is located in the penitentiary in the southern Dutch town of Vught.²⁹⁹ Some 48 ISD-detainees are held in one of the buildings of the penitentiary complex.³⁰⁰ They live in four groups (or 'communities') of twelve

²⁹⁶ "Informatieblad Maatregel Inrichting Stelselmatige Daders (ISD)"; my translation, RP.

²⁹⁷ In most cases, the courts impose the maximum number of months.

²⁹⁸ "Informatieblad Maatregel Inrichting Stelselmatige Daders (ISD)"; my translation, RP.

²⁹⁹ This penitentiary is nowadays home to various groups of offenders – ranging from units for psychiatric offenders and for habitual offenders to units for sex offenders and some of the Netherlands' most dangerous criminals. The history of the penitentiary goes back to 1942, when an SS-led concentration camp was built at this site. One barracks of this camp is still in use by the current penitentiary – the other barracks and surroundings are a national museum.

³⁰⁰ A few others are held at the unit for psychiatric offenders and a number of 'ISD-ers' follow an extramural programme outside the prison walls. In total, there were 76 'ISD-ers' at the Vught penitentiary at the time of this study (d.d. 20-6-2011).

people each. Each group has its own living area, furnished with a dining table, a kitchen, two sets of sofas, a television set and a pool table. These living areas are connected directly to a central office for the penitentiary staff. The staff do not wear uniforms, but are casually dressed to stress their role of practitioner, rather than guard. The doors between the living areas and their office are open. A sharp contrast with the relatively open and friendly atmosphere and architecture of the living area is the block of cells along a hallway connected to the living area. In general, the object is to “create a motivating and supportive detention climate”,³⁰¹ which includes a positive treatment, rewarding good behaviour and personal counselling by a mentor.

The habitual offenders at the ISD-unit in Vught follow an intensive programme designed to “break the vicious cycle of crime and conviction” (in the words of the ISD-manager at the Vught penitentiary). Many of the residents at the ISD-unit are addicted to drugs or alcohol³⁰² (over 90%) and many have severe personality disorders or psychiatric disorders. Some (roughly 20%) also have low IQs or are educationally subnormal. They are often caught in a life of crime to sustain their own addiction.³⁰³ Many offenders in the ISD-unit are of foreign descent who embarked at an early age on a criminal lifestyle, come from broken homes, and have failed previous care programmes. Moreover, social isolation is another common problem: according to the ISD-manager in Vught, hardly any of the offenders in the ISD-unit receive visits. Their social context ‘outside’ usually consists of fellow-criminals and addicts.

Once inside, the first responsibility of the ISD-staff is to “stabilise” an offender. Since many ‘ISD-ers’ suffer from drug addiction, psychiatric and other health issues, the stabilisation period consists of kicking their drug habits (often with the help of methadone) and taking care of mental and physical health issues. Furthermore, this is also a period of habituation: getting used to a daily rhythm (such as getting up in the morning and eating regular meals at set times), learning personal hygiene and self-care, and becoming tranquil, approachable and receptive to a reintegration programme. Even though this first period may take up to several months, within seven days a personal coach (“routing supervisor”) is appointed to every ISD-er for the duration of the detention order and a provisional plan for his stay is drawn up. This provisional plan is the basis for the eventual

³⁰¹ “Productbeschrijving herziene versie oktober 2010. Inrichtingen voor Stelselmatige Daders (ISD)”, 2010:14; my translation, RP.

³⁰² They can, therefore, also be described as ‘care avoiders’ (in the words of a manager of the ISD-unit in Vught).

³⁰³ There is also a group of habitual offenders acting from financial motives.

reintegration plan. For every cooperative³⁰⁴ ISD-er, a personalised reintegration plan is developed during the first eight weeks of detention. A 'successful' reintegration into society basically means a life without crime.

A reintegration plan is based on a 'what works'-method, and on the background and ambitions of an ISD-er: psychological tests are performed and information concerning an individual's former lifestyle and history of (failed) care programmes³⁰⁵ is collected by the ISD-staff. Also, talks are held with the ISD-er to find out where his ambitions and interests lie (in terms of a life 'outside' without crime, such as a specific education and job field).³⁰⁶ The eventual treatment programme is directed at "[...] activating detainees to take their own responsibility for behavioural change and a new lifestyle".³⁰⁷

Every programme has an intramural and an extramural phase:

- During the first, intramural phase, "behavioural interventions" have a central role in the treatment. These interventions can take the form of cognitive skills and lifestyle training for a period of 16 to 20 weeks, designed to prepare detainees to deal with freedom, responsibility and temptations in the outside world. Other activities during this phase can include debt relief, trying to establish or restore a non-criminal social network in the outside world, and following education relevant for a job or internship during the extramural phase (and the period after the detention order has ended).
- The intramural phase usually (depending on an individual's motivation and progress) ends with an 'in between' phase, during which a detainee lives inside, but has a daytime job or internship 'outside'. This work may consist of cleaning the premises of the nearby national museum, doing odd jobs at a local elderly home, or helping out in a charity shop. The idea

³⁰⁴ In principle, treatment within the ISD-unit is of a voluntary nature. If an ISD-er refuses cooperation, his stay will consist merely of detention and of following the regular day programme without any treatment or reintegration plan. However, over 90% is cooperative. It often takes some time to get an ISD-er to become cooperative: even if he is reluctant or even hostile towards treatment, he will be constantly motivated to work on his reintegration during his stay. Cooperation also means that an ISD-er will have a chance to earn privileges and eventually start a probationary release programme.

³⁰⁵ This also contains information available at the network partners in the Care and Security House.

³⁰⁶ According to a manager at the ISD-unit, these ambitions should be modest: "We are already very happy if someone has a place to stay and does part-time volunteer work at a nursing home, at a sheltered workshop or at a shop specialised in recycling goods after his ISD-period has ended".

³⁰⁷ "Productbeschrijving herziene versie oktober 2010. Inrichtingen voor Stelselmatige Daders (ISD)", 2010:4; my translation, RP.

is to “slowly accustom the detainees to responsibilities”, according to an ISD-manager in Vught. The personal routing supervisor usually arranges these jobs, sometimes in cooperation with a nearby municipality. During the ‘in between’ phase, detainees report back to the entrance gate at strict times.

Detainees live outside the penitentiary walls during the following extra-mural phase (but are still the responsibility of the penitentiary). In most cases, the detainee is still subject to some sort of control, which may take the form of ‘living under supervision’ in a specialised municipal facility, or electronic tagging: the ISD-er has a strict daily schedule to keep to (work, shopping, appointments with the probation officer, et cetera), including strict curfews to prevent an alarm from going off at the ISD-unit.

The weekly programme of an ISD-er commonly includes various other activities as well, such as economic labour in detention (for instance, welding or packing work), sports and recreation. It is important to point out, however, that many persons in the ISD are unfit for work because of physical or mental problems or because they are unable to function in a group. The standard compulsory weekly programme in an ISD-unit is as follows – excluding meal times, judicial activities and random urine control for contraband substances:³⁰⁸

Activities	Hours (percentage of participants)
Economic labour	16 (35%)
Domestic and therapeutical labour	16 (65%)
Airing	7
Visitors	1
Visit by children	1 (25%)
Sport	2,5
Library	0,75
Education	2 (50%)
Group talks	1
Art education	1,5 (30%)
Church	1
Recreation	10
Other activities	2,5
Individual care	1
Individual activities as part of reactivation	2
Medical care	0,5

³⁰⁸ “Productbeschrijving herziene versie oktober 2010. Inrichtingen voor Stelselmatige Daders (ISD)”, 2010:12; my translation, RP.

Throughout the duration of the detention and treatment order, cooperation between the penitentiary, public prosecutor, psychiatric and addiction care, and probation office is crucial to implement a reintegration plan. During the extramural phase, the police and municipality also become more important – the latter, for instance, to arrange a house and a (volunteer) job. As an ISD-er is prepared for his release back into society, both the municipality and individual routing supervisor strive to make the transition as frictionless as possible. The first 72 hours after release from prison are the most vulnerable. Instead of simply putting a detainee outside the prison gates after his detention order has ended, he is provided with a place to stay, a daytime occupation, an ID card and social security, in an effort to prevent a quick relapse into crime.

4.2.4. Ex-offenders

18-year old Michael is serving time in an Institution for Juvenile Delinquents,³⁰⁹ where he has followed correctional education for the past two years. Michael is about to be released and is motivated to work on his resocialisation. He now wants to do something for society in return. After his release, he can probably get a job in the kitchen of a senior citizen's home, but must first convince the kitchen chef of the home to take him on. This chef, however, happens to have had bad experiences with ex-convicts. Another point of concern is that Michael can only claim social security and health care insurance after his release from the institution. As Michael's supervisor knows from experience, these are the 'little things' that can make the difference between relapse and resocialisation.

The category of 'ex-offenders' consists – within the context of the Care and Security House – of juvenile offenders who are working on their reintegration into society. A 'scenario' is developed for every juvenile delinquent, in terms of expected future behaviour. This scenario is the basis for the advice given to the public prosecutor prior to a juvenile delinquent's trial, as well as for the rehabilitation programme after detention. The adolescent's social environment plays a central role in determining adequate interventions for the prevention of recidivism: the status of so-called 'life areas' (does he or she have an ID, a job or schooling, financial means, a house and non-delinquent friends?) is an important guideline to assess an adolescent's personal situation and his or her chances of successful reintegration into society.

³⁰⁹ Specialised detention and treatment order for juvenile delinquents who were convicted of a serious felony and are in need of resocialisation to prevent recidivism. In Dutch: PIJ-maatregel ('plaatsing in een inrichting voor jeugdigen'). In popular language, this detention and treatment order is described as a youth hospital order (in Dutch: 'Jeugd-TBS').

In almost every case of juvenile delinquency, a compulsory resocialisation programme is integrated into a judicial verdict. The broad range of options includes (combinations of)³¹⁰ a specialised juvenile detention and treatment order for severe cases (with a duration of two years and a possible maximum four year prolongation), a strict programme of house arrest and possible restraining orders with a gradual expansion of freedom, a programme within a municipal open reintegration institution to help motivated juvenile delinquents get their lives back on track, or a schooling programme at a daytime municipal reintegration facility. At the end of a judicial reintegration programme, a case is transferred from the detention centre to the municipality, which may decide to offer additional reintegration programmes or further assistance in helping a juvenile delinquent to find a house, a job or proper schooling.

For the adolescents imprisoned in 'Den Hey-Acker', a Judicial Custodial Institution for Juveniles located in a forest just outside the southern Dutch city of Breda, their reintegration programme starts at the time of their arraignment (hence before their actual trial) and continues after their detention period has ended. For many adolescents, a specific reintegration programme is part of the sentencing requirements, whether or not in the form of a detention and treatment order. In total, roughly 100 adolescents are held in detention and follow a reintegration programme at 'Den Hey-Acker'. These adolescents are divided into several groups of roughly 12 individuals each – based on the severity of their case (for instance, if they have a specific detention and treatment order)³¹¹ and on the type of crime of which they were convicted.³¹² Each group has its own designated area within the institution: a large room with a shared kitchen, lounge area, pool table, dart board, table tennis table and small outside court, behind which twelve cells are located (two stories of six cells each). Besides this group area, there are several indoor and outdoor facilities to keep the adolescents busy, such as classrooms for daytime education (including many facilities for manual work), a gym, football fields, a tool shed where youngsters can learn to lay bricks, a kitchen garden to grow vegetables and a few animals to take care of under supervision of a mentor. Nonetheless, 'Den Hey-Acker' is still very much a detention centre with all the neces-

³¹⁰ A court judgment may include a conditional detention and treatment order if a juvenile delinquent is motivated to work on his reintegration in an open facility (as a sort of 'last chance'). A stay in open facilities or following a schooling programme can also be part of a probation leave.

³¹¹ At the time of this study, there were two groups of adolescents in 'Den Hey-Acker' with so-called 'PIJ' detention and treatment orders. These adolescents were convicted of serious felonies and follow a long-term compulsory reintegration programme with a minimum duration of two years and a possible maximum of six years.

³¹² Especially sexual offenders are kept in a separate group.

sary features to keep the adolescents inside – although designed in a somewhat camouflaged and ‘friendly’ way: high electronic fences surround the institution instead of walls; there are no bars, but the windows are too small for people to squeeze through; and no patrolling guards, but constant visible staff surveillance, locked doors and separated hallways between the various areas of the institution.

The ‘Work-Wise routing model’ is an important and often-used method for reintegration purposes. This model was developed for adolescents remaining at a Judicial Custodial Institution for longer than three weeks,³¹³ and especially for adolescents with an average or high risk of recidivism. The basic assumption underlying this reintegration routing is that adolescents and youngsters “show high-risk behaviour if they do not connect well enough with their social environment. If they are insufficiently connected to important social institutions such as family, school and work, they have little to lose when they take a wrong turn in life”.³¹⁴ The routing focuses on individual support to improve an adolescent’s social skills, and on an individual’s intrinsic motivation to get an education and/or a job, i.e., on “finding and keeping a job, following and completing a training course, finding and keeping a safe place to live, and building and maintaining a positive social network the youngsters can fall back on”.³¹⁵

The actual ‘routing model’ consists of four phases, through which an adolescent progresses before the end of his or her time in the judicial system (both in detention and during probation). The first of these phases is ‘intake and planning’: a risk assessment and prognosis, which is made at the time of arraignment: what is necessary for a proper reintegration and what is necessary to organise this (for instance, in terms of housing, schooling and work)? From provisional custody onwards, every juvenile delinquent is assigned an Individual Routing Counsellor³¹⁶ by the Judicial Custodial Institution who provides counselling about future prospects, schooling, work, family situation, undesirable friends, and so on. The Individual Routing Counsellor remains the adolescent’s personal coach, both inside and outside the institution.

The second phase of the routing is called ‘inside’ (since all activities are carried out strictly within the walls of the institution) and focuses on education and personal development. This is also the period in which adolescents learn to

³¹³ For adolescents with a short detention period (less than three weeks), a variant of this routing model is used. Since there is only a limited period of time to work with these adolescents during their detention period, their routing starts immediately with focusing on the return into society. This correlates with the third phase of the entire routing model.

³¹⁴ “The Routing”, 2007:10; my translation, RP.

³¹⁵ “The Routing”, 2007:15; my translation, RP.

³¹⁶ In Dutch: Individuele Trajectbegeleider (‘ITB’er).

adapt to life inside, and to living in a group with fellow convicts.³¹⁷ This includes devoting attention to personal hygiene, daily rhythm, cooking and eating together. Every adolescent has his or her own personal learning objectives. These consist of, first, dealing with personal issues such as aggression, telling lies, accepting 'no' for an answer, negative self-image or being too gullible,³¹⁸ and second, of following an educational programme (which takes up most of the daytime) based on personal capabilities and interests. Gaining some kind of education should eventually help in finding a job 'outside'. Coaches, teachers and mentors keep a daily 'score card' on an adolescent's attitude, motivation and development.³¹⁹ Based on an adolescent's progress, the decision is made as to whether or not he or she can move to the next phase of the routing.

This next phase is called the 'transition' and is spent partly inside and partly outside the institution. The adolescent still lives inside, but follows an education or has an internship 'outside' during the daytime. To qualify for this period and for conditional leave, an adolescent must have at least 26 hours of work or schooling a week. The Individual Routing Counsellor plays a mediating role between adolescent, schools, trainee posts and municipality. Municipalities have a legal obligation to make every attempt to find these adolescents a job or internship and (as part of the fourth phase of the routing) a place to stay.³²⁰

The fourth and final phase of the routing ('outside') starts when the detention period ends and the probation period begins. The adolescent is no longer living inside the institution, but has moved back to his parents or to a place of his own. Even though probation has now taken over formal responsibility for the adolescent from the custodial institution, the Individual Routing Counsellor continues to visit the adolescents assigned to him to check on their development. During this period, the municipality also has a more prominent role: besides the

³¹⁷ Adapting to life within a group can be difficult for some adolescents and can also lead to conflicts. There is, in fact, a special group within 'Den Hey-Acker' for adolescents who are incapable of integrating into 'normal' groups.

³¹⁸ An important method used inside 'Den Hey-Acker' is 'You Turn': a group discussion held twice a week in which the adolescents address a personal issue which they have come across in the previous days. For instance, an adolescent discusses with his group members the fact that he had an argument with one of his teachers. Using role play methods, the adolescents can try to find out how to prevent this from happening again. Furthermore, the 'Your Turn method' is used to integrate new detainees into the group by asking them to tell the group the story of their life up to then. On the one hand, this makes them vulnerable, but on the other hand, it can also help them to feel secure and trusted within their group.

³¹⁹ Good results may be rewarded with certain privileges (such as use of a game computer in one's cell).

³²⁰ Besides, from a preventive point of view it is also in the own best interest of municipalities to organise a proper 'aftercare' for an adolescent, who will probably return to the municipality after the judicial routing ends.

legal obligation to make all effort to find a place for the adolescent to stay,³²¹ the municipality may also decide to offer further aftercare when the formal judicial probation period ends.

The activities in the 'Work-Wise routing model' are designed to accomplish a successful return of a juvenile delinquent to society. Besides helping adolescents to find their way in society, this approach also aims to protect society by preventing further criminal behaviour by these adolescents. The dominant strategy to realise these two objectives is resocialisation through work, schooling, proper housing and personal development.

In the implementation of this objective, the Individual Routing Counsellor plays a crucial role. The routing model is not only a 'closed system' in itself – guiding adolescents from arraignment to aftercare – but also a model characterised by permanent and personalised attention and supervision. A counsellor supports the adolescent through every phase of their routing, maintains contact with his parents, and discusses his case in the Care and Security House. In the words of one of these counsellors: "I'm more or less the personal assistant of my boys. They can call me 24 hours a day. But I'm also always there to make sure the boys don't take a wrong turn again".

There are, however, some limitations to these preventive ambitions and strategies of personal support.³²² First of all, if an adolescent is not cooperative, the risk of recidivism remains high. For instance, the temptation of the profitable drug trade may be too high for an adolescent to resist. In these cases, there is little more the staff of 'Den Hey-Acker' can do than to keep this type of adolescent busy during detention and just hope for the best.

And second, every judicial sentence or detention and treatment order is temporary: even the longest routings end with an adolescent being released back into society. Even if the risk of recidivism is still high, this fixed end may force the custodial institution to allow an adolescent conditional leave. In the words of one of the staff member of 'Den Hey-Acker': "you have to try something".

4.2.5. Risk families and care avoiders

The police report the case of a 10-year old boy, who threw a brick from a fly-over at a passing car below. His mother, standing close by, was unable to stop him. The police describe the mother as 'very cooperative'. However, the mother proved to be on

³²¹ A municipality may formulate the condition that an adolescent has to accept living under supervision if he wants to move into a house provided by the municipality.

³²² Budgetary constraints left aside.

record in the files of both the police and the youth care service. Five years ago, she was convicted of shoplifting: she had tried to steal baby food. After the divorce from her husband, things appeared to improve for her and her child. The past few years her family coach – appointed by youth care services – has been positive about her development. She tries her best, but apparently does not have enough control over her child. This worrisome situation is reason for child care to follow this family more closely.

In the Social Work Case Consultations on Youth and Adults, network partners discuss the serious concerns they have about the wellbeing of individuals. In the case of minors, these are referred to as ‘risk children’ (or ‘risk families’ to include the parents), in the case of adults as ‘worrisome care avoiders’. In both instances, the perspective is more on care than on judicial aspects (such as preventing recidivism). The basis for network partners to take action is not (necessarily) a criminal offence, but concern about a person’s wellbeing or possible future delinquent behaviour.

Typical cases of risk children include a father who reports concerns about his son’s drug use and possible drug dealing, a daughter who keeps running away from home, or a mother who is incapable of controlling her rebellious adolescent son. Typical cases of worrisome care avoiders include a street person with obvious health problems, a drug addict living in a slum dwelling, or a single unemployed man who (according to his neighbours) keeps the curtains of his apartment closed all day and is often seen carrying in large quantities of alcoholic beverages every few days.

Interventions in these cases consist in the first place of “care interference”, which can be described as “an active and outreaching form of help for persons and risk groups which are urgently in need of help, but do not ask for help themselves”.³²³ This can take the form of merely informing persons about existing support facilities, but can also imply persuading them to accept care in their own best interests or in the interest of their child. The latter can take the form of supporting people step by step to enter rehab, getting the proper health or psychological care, applying for social security, or getting parenting support, but also – especially when children are involved – the form of more coercive measures by youth care or, in severe cases, the child protection council.

‘Care interference’ and ‘outreach work’ are strategies to guide people through to welfare services. The first thing to be done in all cases, however, is to “simply have a look” and try to establish contact with the persons involved to assess their situation and motivation. Here, the goal is not to stop certain behaviour

³²³ Jaarplan 2010 Zorg- en Veiligheidshuis Tilburg, 2010:24; my translation, RP.

from occurring again (as is the case with preventing recidivism), but instead to “proactively³²⁴ seek out risk cases”³²⁵ and, if possible, help them get the care and support necessary to get their life back on track.

In the following paragraphs, two examples of these practices are described: first, an activity by outreach social work working with a problematic family, and second, an intervention by the Care Interference Team directed at a worrisome care avoider. The former is concerned with the wellbeing of children, the latter with the wellbeing of adolescents – however, the procedure is very similar in both practices.

An example of outreach social work is the case of the Edwards family. The mother, aged 20, was caught stealing baby milk in the pushcart of her one-year-old daughter. She did, however, pay for eight cans of beer, which were allegedly for the father of her child. This, combined with the general impression the mother made, led to a ‘concern report’ being filed by the police officers dealing with the case. This two-page report contained the personal data of the family members and described the situation, which raised concerns about the daughter’s wellbeing. The report also included available information on previous or existing welfare activities. And finally, a list of ‘risk factors’, including presumptions of child abuse, drug use, domestic violence, psychological problems or child neglect, was filled out by the police, who checked each factor ‘yes’, ‘no’ or ‘unknown’.

Based on this concern report, two outreach social workers paid this family a visit. In this case, a prior notice was sent by mail³²⁶ with the message that “we would like to meet you and see what sort of help you might need”. During the first visit, both parents seemed willing to accept support in the upbringing of their daughter. However, several problems were noticed: both father and mother had sizeable debts and they regularly had fights – probably in the presence of their daughter. Moreover, according to the father, the mother had borderline disorder, which made her difficult to deal with. Given these circumstances, the outreach

³²⁴ The Care Interference Team tries to activate a broad network of police officers, care providers, social workers, housing corporation employees, and so on for this ‘proactive search for risk cases’. The nine members of the team regularly give presentations to groups of professionals in the region to promote their work. They are largely dependent on reports by others about possible care avoiders, so making as many people as possible aware of the Care Interference Team increases the chance that care avoiders will be reported to the team. The team has also made a short introductory film, in which the viewer is introduced to three people whom the team has helped to get their life back on track.

³²⁵ “Tilburg maakt werk van integraal veiligheidsbeleid”, 2008:12; my translation, RP.

³²⁶ This is not always usual. In many cases outreach social work visits families without prior notice, if they think a notice might alert the family or make them less inclined to allow them to enter the house.

social service was determined “to make sure these parents got the care and support they need”. However, their second visit, during which further arrangements for parenting support were to be made, did not go as planned: the father was not present and the mother was suddenly very unwilling to accept any form of support.

A third visit was scheduled. The outreach social workers dealing with the Edwards case planned to gather enough information on the family situation to draw up a report for the youth care child abuse office.³²⁷ Since the mother proved uncooperative, they felt they had no other option than to call in the youth care service,³²⁸ which has the legal authority to impose compulsory parenting support in cases of presumed child abuse.³²⁹

This third visit also did not go according to plan. At 11 AM, father opened the door. He looked tired and claimed he had been working until 6 AM in the morning. When the two outreach social workers asked whether they could come in for a talk, he refused. He ‘did not feel like it’. He would rather discuss matters with his friends if he felt like talking about it at all: “they know me better than you do”. Moreover, his wife had left him, taking their daughter with her. Where she was right now, he could or would not tell.³³⁰ Before closing the door, he gave the two employees his wife’s mobile phone number.

They decide to send her a text message to ask her where she was and whether they could come over to have a talk with her. An hour later, they received a reply: “I’m looking for a place to stay right now. You are no use to me and don’t care about me. You only care about having a nice place to live for yourself”. Following this uncooperative response, the outreach social service decided to file a report with the child abuse office at the local youth care services.

Outreach social work is preventive in terms of its ‘risk-based’ interventions and in terms of its ‘early detection’ ambitions. Following a concern report by the police, outreach social workers ‘reach out’ to families to assess their situation. Based on

³²⁷ In Dutch: ‘Advies- en Meldpunt Kindermishandeling’ (AMK).

³²⁸ However, as one outreach social work employee said, “for our own safety we do not want to tell the parents this at home. If we do decide to hand over the case to youth care, we will invite mom and dad to the Care and Security House to inform them. Or, if they don’t show up, we will inform them by mail”.

³²⁹ If necessary, cases can be transferred even further to the child protection council, which may start a procedure to remove the child from parental custody.

³³⁰ The outreach social work employees expressed their doubts on the father’s claim that his wife had left him for good: “according to the previous talks we had with them, she has a long history of running away and coming back home again in a few weeks time. I do believe she ran away and isn’t at home right now. But for all we know, he might be lying about the fact that he doesn’t know where she is right now”.

this assessment, the outreach social workers can decide to alert other welfare organisations such as the youth care service or the child protection council to take further action. This logic of intervention is, in the first instance, based on perceived risk factors and presumptions of family problems, and secondly, on the assumption that proactively reaching out enables support and care at a stage when problems are still “reparable”. The notion of ‘risk children’ and ‘risk families’ refer to this logic of intervention.

There are, however, several limitations to outreach social work. Most importantly, outreach work depends on the cooperation of the citizens and families involved. If they do not allow outreach social workers inside their house to talk, assessment of the situation is severely hampered. Their problems remain ‘hidden’ if there are no valid reasons for compulsory child protection interventions. Furthermore, cooperation also implies that citizens tell the truth – which they do not always do for a variety of reasons (such as suspicions of youth care workers, stubbornness, claims to privacy, shame or psychological problems).³³¹ At the same time, lack of cooperation by parents can also be assessed by welfare professionals as a risk factor in itself, which for instance justifies scaling up interventions from outreach support to youth care. Here, uncertainty about what is going on in a family forms the trigger for more intervention.

An example of the activities of the Care Interference Team, directed at adult ‘worrisome care avoiders’, is the case of Tom. Tom, 36 years old, lives in a shabby apartment above a garage. For the better part of the past eleven years, he has been making ends meet with illegal odd jobs at this garage. Recently, his alcohol addiction had worsened up to the point that he was unable to work. Having no income whatsoever, he finally applied for social security. The welfare service employee who interviewed Tom was concerned about his physical health and made a call to the Care Interference Team, which decided to pay Tom a visit. The first three times, they found the door locked. The fourth time, they found Tom at home. Tom then told Frank, the Care Interference Team employee, he could not go on living like this and accepted the offer to spend two weeks in ‘detox’. Before doing so, he had the names of his son and daughter tattooed on his forearms – building up a relation with them was his main motivation to kick his alcohol addiction.

Tom, however, declined the offer to spend three months in rehab after his detox. He said he felt strong enough to fight the addiction alone, even without the use of medication to suppress his dipsorexia. Frank did not want to let go of Tom

³³¹ However, according to the outreach social workers at the Care and Security House, most people are very willing to talk: “they realise something must be done and are open to accepting support”.

and continued to visit him once a week to check on his situation. He hoped to be able to persuade him to accept some sort of support. One of these visits took place two weeks after Tom left 'detox'. Tom received Frank at his modest apartment – a bed, a couch, a sink, a coffee table, a television and a small cabinet with pictures of what seem to be his mother and two children. As he lit a cigarette and offered Frank one, he calmly talked of the difficult moments he had had just the day before. Two of his friends, who also live above the garage and also have alcohol problems, came over. And even though they did not push him to drink, they did so themselves. Tom managed to resist the temptation. "But I really thought: shall I just have one beer?"³³²

Frank: "You knew this was always going to happen as long as you live here. This place is filled with triggers. You were strong yesterday, but will you be the next time? Once you succumb, you will be lost".

Tom: "I know, I know. But I want to stop and I will stop drinking. You don't have to doubt that. Besides with this nice weather and all, I hardly spend any time here in my apartment".

Frank: "I know you're strong. But you don't have a job yet and in the evenings you will be here and your friends will be, too. In rehab they can help you deal with difficult moments like the one you experienced yesterday".

Tom: "Yes, I know. But I also know I'm strong enough to do this without rehab".

Frank: "I just want you to realise how real the danger of relapsing into old habits is. Even if you are strong. Have you considered any of the other options I told you about last week?"

Tom: "About that discussion group?"

Frank: "Yes, the relapse prevention group. But also the medication that is available to suppress your craving for alcohol".

³³² The following is not a literal transcript of the dialogue between 'Tom' and 'Frank', but is representative of their actual discussion.

Tom: "Well, I'll think about that discussion group. Won't do me any harm, at least. And I also thought about those medicines. If I still have difficult moments in a week from now, maybe you should provide me with some".

Frank: "Why not take the medication now? Why wait for difficult moments? Please consider this seriously. I mean it. And the discussion group will definitely do you good: the members are all people with the same problem. For once, you can talk about your feelings instead of suppressing them with alcohol".

Tom: "Ok. Ok. I will".

Frank: "And you have my cell phone number. As soon as you have a tough moment, call me".³³³

'Being there' is the implicit motto underlying the interventions of the Care Interference Team: proactively searching for worrisome care avoiders, making home visits, not letting go and supporting clients through every step of the process (from helping them to apply for social security to making sure they are admitted to rehab). The members of the team have, by and large, two objectives: making sure someone gets the care he or she 'deserves', and making sure he or she does not relapse into old habits. Two preventive elements characterise 'care interference': intervening on the basis of presumptions or causes of concern (that is, before actual problems are assessed during a first house visit) and intervening before problems worsen or become 'irreparable'.

But this approach also has its limitations: "if someone does not want to cooperate, there is often little you can do if there is no acute danger to their own health or to the people around them". Care interference tries to hold on to their clients if they are not sure of a good result, but have, in the end, no means to enforce their will. Moreover, people have to make the change themselves for an intervention to work: "even if you know there is a real chance of someone relapsing, you have to give them the benefit of the doubt if they say they can make the

³³³ The observation of this visit took place in April 2011. In June 2011, during a brief conversation Frank provided an update on the developments in Tom's case. A week after the visit described here, Tom had had six beers during an evening of cards with his friends. Disappointed in himself, he decided to ask for medication to help him through his difficult moments. Since then, he has been doing reasonably well: despite having had a few beers, he has managed to prevent relapse and since late May has taken up some of his previous 'work' at the garage. Frank is positive about Tom's future.

change by themselves”. Prevention plays a crucial role in their profession, but at the same time the members of the Care Interference Team accept the practical limitations to this ambition.

4.2.6. Domestic violence

In the Johnson family, a seven-year-old child appears to be present during the fights between his mom and dad. The parents deny having problems, but there have so far been six reports of presumed domestic violence by the neighbours. Adding to this suspicion is the fact that both parents were convicted some years ago for running a cannabis nursery in their attic. Furthermore, a couple of years ago the initial report of domestic violence indicated that the father might have an alcohol problem. At the time, there was not enough evidence to make a case. The father refused help for his alleged alcohol problem. He “seems to be avoiding care”. Since then, it has been quiet and the family dropped out of sight. None of the network partners report any existing contacts with any members of the family. But given the recent concerns, “something must be done to get through to this family”. If they slam the door in the face of the employees of the support unit domestic violence, we will have to take firmer action and put the youth care services on this case”.

Police reports on suspicions of domestic violence are discussed in the Intake Domestic Violence consultation – especially if there are children involved and there are multiple reports of violence.³³⁴ Typical cases include reports of fights between a father and mother while young children are present, of arguments between a mother and daughter, or of abusive boyfriends. This case consultation is held to decide what action can be taken if there are insufficient leads (yet) for a judicial intervention. As with the approach to risk adolescents and care avoiders, “doing nothing is not an option” in the face of serious concerns: “something must be done to prevent escalation” – in the words of several participants in the case consultation. A typical first intervention in this type of case is trying to find out more about a family and establishing some form of contact through outreach social work. Only then can a proper assessment of the seriousness of the initial report be made.

An example of an intervention by the Support Unit Domestic Violence is the consultation with Ahmed and Fouzia. They are the parents of four children and have a history of domestic violence. The father was issued a restraining order for 10 days

³³⁴ Suspicions of sexual violence are discussed in a separate case consultation (Scenario Team Sexual Violence). These suspicions are not necessarily confined to the domestic sphere (but may, for instance, also involve suspicions against school teachers). Even more so than in the Intake Domestic Violence, the interpretation of what might be ‘early warnings’ is a topic of discussion there.

after reports of domestic violence against his wife and oldest daughter (aged 14) had been received. Since children are involved in this case, the police made a 'concern report' to discuss this case in the Care and Security House.

Following the case consultation, the youth care service and the Support Unit Domestic Violence took several measures. Among other things, the youth care workers assessed the family situation. And the Support Unit has urged the public prosecutor to issue a contact ban for Ahmed following his ten-day restraining order, since there were serious concerns for recidivism. Ahmed has not seen his children since. He has, however, followed a probation course on 'aggression regulation', and found a temporary job at a sheltered workshop for four days a week.

Now, several months later, Fouzia has asked for a consultation with Ahmed under the supervision of an employee of the Support Unit Domestic Violence, an employee from the youth care service and a social worker. She wants her husband's contact ban to be lifted. Before the consultation, the youth care and social workers arranged separate meetings with Ahmed and Fouzia. They especially urged Fouzia to formulate strict conditions before asking the court to lift Ahmed's contact ban. However, they have no choice but to respect Fouzia's decision, despite fears that Ahmed will become violent again.

Fouzia was late for the meeting in one of the CCTV-controlled rooms of the Care and Security House. This gave the representative of the Support Unit Domestic Violence the chance to ask Ahmed about his probation training on aggression regulation. When Fouzia entered, about fifteen minutes late, the atmosphere grew slightly uncomfortable, although everybody tried to act as naturally and relaxed as possible. An interpreter was present during the consultation, since the mother, in particular, barely speaks Dutch, which did nothing to improve the situation.³³⁵

Fouzia: "My youngest son sleeps very badly at night. And one of my daughters keeps asking for her father. But most of all, I have talked with Ahmed's brothers and they tell me he has really changed. He has a job now. I want him to come back home to see for myself if he really has changed".

Fouzia's arguments did not immediately please the representatives of youth care, social work and the support unit domestic violence. Underlying their questions was a distinct concern for the security of her children and herself. Although they

³³⁵ Throughout the entire conversation, Fouzia talked via her interpreter, who was seated between her and Ahmed. Ahmed in return tended to speak Dutch and (thereby) seemed to avoid direct interaction with his wife.

have no formal means to enforce their will, they did try to convince Fouzia, in particular, to take the matter seriously:

*SUDV*³³⁶: “Once the contact ban is lifted, there is almost no way back. If he does become violent again, there is little we can do, except call in the child protection authorities, who will decide if the children can stay at home”.

Social worker: “I have already discussed this with the mother yesterday, and we think it’s best to enter into a kind of ‘contract’ to effect a stepwise return, based on mutually agreed conditions. The mother has discussed her conditions with me, which include the liberty to follow Dutch language courses, to get her driving license and to visit family in Belgium by herself. Also, she wants Ahmed to work, to take responsibility for the children when she is at school, to follow the probation training on aggression regulation and to have more confidence in her capabilities as a parent. And finally, Fouzia wants to discuss a visiting arrangement for a stepwise return of Ahmed”.

Fouzia: “The last condition is no longer necessary. I have heard from his family that he has changed. He can simply come home”.

SUDV: “Well, I don’t know if we can agree with that...”

Ahmed: “Do these conditions come from you or from Fouzia?”

Social worker: “From Fouzia. We have discussed them yesterday and I put them on paper”.

Ahmed: “Well, I don’t see many problems. Most of the things you mention, we have already been doing in the past. We talk about things, I respect her and do take responsibility for my children”.

SUDV: “And what about the other things? Fouzia wants to learn Dutch and get a driver’s license. She wants to go out alone. She wants an equal say in the way you raise your children”.

³³⁶ SUDV stands for the representative of the Support Unit Domestic Violence.

Ahmed: "I don't object to her going to school. No problem. But the other things are not a matter of yes or no. We have to talk about this. For instance, it is not a problem if she visits the neighbours, but if she wants to visit family in Belgium I think I should know that she is going away. This is natural. If I work, someone must be at home to take care of the children. We have to talk about these things at home. Listen to each other and make arrangements for the situation at hand".

Fouzia: "We can discuss this when he is home again. If I go out to do the shopping, I don't need to ask. But if I want to visit a friend, it is normal to talk about this. But he should not forbid me to visit a friend during the weekend when I spend the entire week at home watching over the children. I want more freedom, but not to do bad things".

Youth care: "To talk is really important. If you do decide to proceed, we should discuss a stepwise return and talk about the kind of support you need from social work. For your sake, but also for the sake of your children".

Ahmed and Fouzia seemed to be avoiding the difficult issues that lie between them, stating that they should talk about these things at home and work on them together. This left the social worker, the youth care representative and the Support Unit Domestic Violence workers with little other choice than to talk more or less 'on behalf' of Fouzia and try to break through the apparently frictionless surface of Ahmed's and Fouzia's statements. In their assessment, Ahmed was "still very touchy" and they feared for the security of Fouzia and the children.

SUDV: "Ok. So we can conclude that you, Fouzia, want Ahmed to come home again under certain conditions. But we also have some conditions. First, you both have to accept support by welfare work on how to discuss family issues, on how to raise your children together and how to deal with past experiences of domestic violence. This is especially important for your children. And second, we want you, Fouzia, to think all this over once more and to think about the conditions under which you accept Ahmed's return".

Ahmed: "No. What is this? We have already discussed this. Why should she go back on her intention to accept me back immediately?"

The meeting ended in a rather disorderly fashion. Fouzia left. Because of the contact ban, Ahmed was asked to stay for a few minutes to allow Fouzia to leave the premises. After Ahmed had also left, the representatives of youth care, social work and the Support Unit Domestic Violence discussed the situation. Even though there was little they could do to enforce their terms, they discussed various strategies to minimise the risk of Ahmed becoming violent again. In the words of one of representatives: "My only concern is the security of this family. And I'm really afraid Ahmed will become violent again. He says he's fine with all of Fouzia's conditions, but I don't believe him".

The network partners involved in this case used three strategies. First, the strategy of persuasion: during the meeting, Fouzia repeatedly was strongly urged to think things over. The welfare workers more or less tried to hide the fact that they have little formal say in the proceedings by using phrases such as "we insist that...", "our condition is that..." and "we want you to...". Moreover, they made the possible consequences of recidivism explicit: child protection may step in and remove the children from home.

The second strategy involved trying to formalise Ahmed's return: during the meeting, there were talks of effecting a 'contract' between Fouzia and Ahmed in which they would express their conditions. Also, after Ahmed and Fouzia had left, a 'return plan' was discussed, including specific blocks of hours during the next couple of weeks, in which Ahmed would be allowed to visit his family (should his restraining order be lifted).

And third, the strategy of continued supervision was employed: several support activities were discussed to keep an eye on Ahmed, Fouzia and their children. The reintegration of Ahmed into the family was perceived as being fraught with dangers, and having social workers around might help Ahmed and Fouzia to deal with the situation and to detect early warnings of possible tensions between them.

Even though the word 'prevention' itself was not mentioned during the talks, the words and actions of the representatives of social work, youth care and the Support Unit Domestic Violence nevertheless reflected a definite preventive ambition: what drives their actions is the combination of a dominant concern for the security of the family and their assessment that Ahmed might relapse into old habits. However, the consultation between Fouzia and Ahmed also revealed that they are dependent on the cooperation of the parents,³³⁷ that they have little for-

³³⁷ The representative of the Support Unit Domestic Violence mentioned the possibility that Fouzia and Ahmed were already seeing each other again behind the backs of the network partners: "they might be putting up a show here".

mal say in their decisions and that, in the end, they have to accept the fact that Fouzia en Ahmed make their own decisions.

4.3. Analysis

4.3.1. A cause for concern

In studying the crime control activities in and around the Care and Security House, the objective was to gain insight into the role of prevention in these activities, and thereby to support the findings in the previously discussed policy genealogy. An analysis of the intervention repertoire in Tilburg reveals three different levels on which the perspective of prevention infuses person-oriented crime policy.

The first level concerns the objective of the Care and Security House. Although reactive in the sense that actions are only taken after a case has been discussed in one of the various case consultations, the objective of the Care and Security House is preventive in the sense that its aim is to treat every individual case in such a way that a structural solution or improvement is realised to *avert an expected undesirable future* of criminal or otherwise problematic behaviour. In the words of one of the managers of the Care and Security House: “Our objective is not to prevent people from being reported. Our objective is to prevent people – once they are reported – from ever being reported a second time”.

The second level of prevention follows from this objective. The prevention perspective is most clearly visible in the way cases are introduced, in the problem analyses, and in the nature of the subsequent interventions. Individual cases are introduced and assessed on the basis of *causes for concern*. A telling practice in this respect are the ‘concern reports’, which are made by police officers following police notifications or other contacts with citizens. These ‘concern reports’ do not deal with criminal offences, but with a police officer’s fear of future problems if no action is taken by one of the network partners in the Care and Security House to intervene in an individual’s personal or family situation. *Concerns are the justification mechanism for interventions*: presumptions and risk factors ought to be investigated, and early interventions are a means to prevent problems from worsening and becoming irreparable.

During case consultations, information is gathered and shared to make an assessment of an individual’s personal situation. The underlying question in these consultations is: do we have reason to believe that this person has problems, which might lead to behaviour that poses a risk for others or for himself? Seen from this perspective, it is understandable that the police are interested in an individual’s prior involvements in a criminal case (even without an actual convic-

tion). It is also logical for network partners to share data on school absenteeism and previous contacts with the social services, and it is essential that a proper assessment should include information on an individual's relatives or friends: all this information is instrumental in assessing whether the cause for concern is valid.

Typical for the assessment of causes for concern is the practice of developing 'scenarios'. Based on the expectation of undesirable behaviour if no measures are taken, the network partners seek to replace this by a new 'scenario' in which certain behaviour or certain elements in an individual's personal life are corrected. *Expectations are the modus vivendi* of the Care and Security House. Based on expectations of future developments, reintegration programmes for offenders, support programmes for people in danger of relapsing in undesirable behaviour and proactive approaches to people who are believed to have personal or family problems are developed.

Moreover, in some cases the adage even is: 'when in doubt, act'. In the assessments by police or welfare professionals, uncertainty can be the justification for further intervention. The line between prevention (based on risk factors) and *precaution* (based on a fundamental uncertainty with regard to the future) is very difficult to draw in professional assessments, but the case description shows several examples which tend towards the latter. For instance, if parents prove uncooperative with outreach support to talk about their children, this might be used as a reason to scale the case up to youth care. And if case consultations do not make a proper assessment possible, this might be the argument for a first intervention.

The third level at which prevention structures the work of the Care and Security House is the way professionals define and limit their responsibility. Especially interesting is the role of police officers and representatives of the public prosecutor: while, on the one hand, they represent institutions in the repressive-judicial sphere, they actively participate in the preventive ambitions of the Care and Security House on the other. Police officers draw up 'concern reports' and representatives of the public prosecutor attend case consultations to discuss effective approaches to habitual offenders. As a result, their scope is broadened from the confines of law enforcement, to include the prevention of crime.

A similar broadening in professional scope occurs in the work of welfare organisations, social work, corrective facilities and the probation office, which are usually tasked with carrying out the actual interventions. Prevention is an important element in their daily work – either because they have the explicit task of preventing future problems (such as individual supervisors for offenders in a reintegration programme), or because prevention has broadened their initial responsibility to offer care and support. Professionals working in the field of domes-

tic violence, or with risk adolescents and worrisome care avoiders do not merely provide care: they also explicitly see it as their responsibility to prevent future problems (such as backsliding in the case of an alcohol addict) or to prevent the further worsening of problems (such as early and outreach interventions in cases of presumed domestic violence or parenting problems).

Prevention depends to a large extent on the way the various network partners incorporate this perspective into their daily work. For instance, detention centres are tasked with preventing recidivism, police officers with reporting causes for concern, while social workers strive for an early and proactive detection of possible risk families. In short, *prevention broadens the professional scope* of both repressive-judicial and welfare professionals.

Furthermore, prevention produces a transformation in professional practices. Preventive interventions tend to be *outreaching and persistent*. Outreach interventions enable the early detection of problems. Ideally, at least, the network partners do not wait for ‘care avoiders’ to report themselves or for at-risk adolescents to slip into criminal behaviour. Instead, interventions take place as soon as possible. Moreover, interventions, and the organisation behind these, are as persistent as possible. Professionals do not take ‘no’ for an answer at the first attempt, but try to ‘hold on’ and ‘get through’ to people by making home calls, by following the progress of individual cases in case consultations, by using persuasion and even strongly insisting that people accept care and support.

4.3.2. Care and discipline

The Care and Security House was established with a very specific objective in mind. “To organise around the problem” or “to reason from the problem” are commonly used phrases by professionals to explain why the Care and Security House has been designed to overcome organisational boundaries between the various network partners. These boundaries may find their justification in bureaucratic or task-oriented considerations, but hamper the effective approach to “actual” problems.³³⁸ The network partners in the Care and Security House stress the importance of cooperation and coordination for the *organisation of activities around a shared assumption and problem definition*.

³³⁸ This does not imply that bureaucratic elements are eliminated from the Care and Security House. First, the network partners remain separate organisations and only cooperate on certain areas of their work field. Second, and more important, the activities in the Care and Security House itself have a bureaucratic element: case consultations do not break through the dilemma of the division of labour and coordination, but are a means to determine new forms of dealing with this dilemma. A case consultation is, in other words, itself a bureaucratic device: it involves deciding which organisation is responsible for further actions.

The adage “to organise around the problem” and the institutional design of the Care and Security House is only ‘logical’ or ‘rational’ from a very specific perspective – a prevention perspective. A solely punitive and judicial approach to crime is perceived as being insufficient from a preventive point of view, but would be perfectly logical from a legalistic perspective. Consider, for instance, the fact that police officers are interested in prior involvement or accusations of individuals in criminal cases (instead of prior convictions only): while this may seem irrelevant from a legal point of view, it makes perfect sense in the context of assessing the need for preventive interventions towards individuals.

Moreover, the shared preventive problem definition rests on a very specific assumption with regard to the causes of crime and other issues. The assumption underlying the existence of the Care and Security House is that criminal or other undesirable behaviour stems from the social contexts in which people live and from personal or behavioural characteristics. Prevention, therefore, within this context, always refers to *personalised and behavioural prevention*. The activities carried out by the various network partners depend on the construction of a preventive theory or scenario, which links risky behaviour to possible explanations based on an individual’s personal characteristics or social context.

This theory enables and justifies interventions, but also limits the scope of preventive activities to individual circumstances and, as a consequence, does not offer a logical course of action if these circumstances fail to provide an explanation for certain behaviour. Without police antecedents, without information on family members, without problems at school and without indications of family issues following a house visit and talks with parents of delinquent adolescents, the network partners are left without clues as to where to direct their preventive interventions at. Without the establishment of risk factors, repressive-judicial approaches serve as the ‘last resort’.

There are several other limitations to the objective of prevention. Most importantly, *behavioural change cannot be enforced* – professionals always depend to a certain extent on the cooperation of their ‘clients’. People ‘need to be motivated’. If an adolescent in detention says he believes dealing drugs to be financially more attractive than having a legal job, this effectively means the end of the preventive ambitions of his supervisor. And if a former alcohol addict says he can fight his addiction without the use of medication or professional help, there is little more a care interference unit can do than keep in touch and hope for the best. Moreover, all interventions are temporary: after a certain period interventions end and individual cases drop out of the picture. Perhaps they will never be

seen again, or perhaps they will pop up years later in a criminal case, a concern report or the social work database.³³⁹

The preventive objective of behavioural change produces an *affinity between care and discipline*. The cooperation between repressive-judicial organisations and welfare organisations can only be explained by referring to the aforementioned shared problem definition and shared assumption for interventions. To prevent a first offender or ex-offender from committing further crimes in the future, or to prevent risk adolescents from developing criminal behaviour in the future requires activities to transform a (potentially) deviant individual into a well-functioning member of society.

Effective preventive interventions transcend the boundaries between the domains of welfare and law enforcement: *prevention produces a permeability* between previously separate policy domains. Crime prevention is often a matter of outreach social work or a matter of personal reintegration programmes for detainees. Elements of care and welfare permeate crime policy. And conversely, elements of crime policy permeate care and welfare: punishment is transformed into an 'ultimum remedium', a last resort if crime prevention through care should fail.³⁴⁰

The archetypal example of blurred boundaries between care and discipline is the legal possibility to impose a treatment and detention order on habitual offenders. Since 2004, very active habitual offenders (ten offences in the last five years) can be placed in an Institution for Habitual Offenders ('ISD') for a maximum of 24 months. The justification for this detention order is not an individual crime, but the aim to protect society against these very active offenders for a longer period of time and to change an offender's life of crime by means of treatment and support. An instrument of punishment (detention) enables crime prevention through individual care and support.

A precondition for behavioural crime prevention is the identification of various target groups. These target groups refer to citizens with an increased risk of criminal behaviour or behaviour that impairs their own or their family's wellbeing. Cases introduced in the Care and Security House are categorised according to one of the following 'labels': juvenile offenders, habitual offenders, ex offenders,

³³⁹ Other limitations to prevention mentioned by professionals in the Care and Security House are financial limitations (especially in the case of cutbacks) and the possibility of organisations passing the buck for budgetary or capacity reasons.

³⁴⁰ However, care is not simply instrumental to crime prevention, but has an objective of its own: the prevention of future problems in terms of unhealthy behaviour, child rearing, unemployment, housing or financial issues requires a tenacious and outreaching care approach.

risk adolescents or families, worrisome care avoiders, and offenders and victims of domestic violence.³⁴¹ This categorisation enables the development of interventions that are customised to fit individual cases.

Within this categorisation, there is a special concern for adolescents. They are especially vulnerable to negative influences (such as domestic violence), and make up an important part of the total number of criminals. However, children and adolescents are also more susceptible to behavioural change than adults. As a consequence, *adolescents are a logical target group for preventive interventions.*

³⁴¹ There is a strict definition or little room for discussion on some categories, such as habitual offenders or ex offenders. For others, the boundaries between the categories are more blurred: for instance, a juvenile offender might simultaneously be a habitual offender, and a risk adolescent might also be the victim of domestic violence.

5. PREVENTION IN PUBLIC HEALTH POLICY

“City life [...] generated uncertainties of its own: crime, mob violence, rebellion, the unpredictable cycles of the urban-industrial labor market, and mass epidemics. [...] Lengthening and tightening chains of interdependence bound together the urban population, increasing externalities among them. And although the awareness of these externalities was often only patchy at best, the fact that mutual dependency tied together the rich and the poor, the established and the outsiders, in one figuration, escaped no one.”

(Abram de Swaan, *In Care of the State*, 1988)

1. Introduction

1.1. Disease, health and collective action

There are several ways of understanding phenomena of ‘disease’ and ‘health’. Seen from a medical-biological paradigm, diseases pose a threat to individual wellbeing and to general societal health as a result of natural and epidemiological factors.³⁴² By contrast, a social perspective on disease and health stresses several other, less external or biological sources of potential harm: “where and how people live are [...] just as important to health as biological factors. [...] In this social model, people are not passive victims of disease, but are actively engaged in the realisation and maintenance of health” (Boot & Knapen, 2005:6; my translation, RP). Poor social hygiene or poor self-care are contributing factors to disease, in the same way epidemiological factors are.

In the medical-biological paradigm, health is determined by characteristics of the living environment such as decent housing, proper sewerage systems and clean drinking water. Under the social paradigm, aspects of individual behaviour determine health: personal hygiene, proper nourishment and physical exercise. The latter paradigm also introduces an element of social and individual responsibility for health. Individuals are more than the passive victims of disease.

³⁴² Contrary to crime (which was discussed in the previous chapter), threats to an individual’s health generally derive, not from the deliberate actions of another individual, but from natural and epidemiological sources or from a person’s own behaviour. Even though transmission of infections is a result of human interaction, the actual cause of the infection does not directly stem from any individual decision or act.

Both paradigms offer possibilities for prevention. In the following policy genealogy, however, especially the social paradigm on health takes centre stage.

The history of western medicine can be traced back to prehistoric shamans or, for a more structured approach to diagnostics, to Hippocrates of Kos (ca. 460 BC – ca. 370 BC). However, modern medicine originated from the Enlightenment's interest in the biology of the human body and as a result of the striving to liberate man from external influences. New insights into the causes of, and cures for, diseases eventually opened the door for health care improvements. By the mid-19th century, most European countries had several privately (often religious-based) or publically funded hospitals, providing a rudimentary form of general health care.³⁴³ However, it was not until after the Second World War that widespread health care facilities and health care insurance came into being (e.g. Van der Woud, 2006). The late-20th century welfare state transformed health care from a matter of (religious) 'caritas' to a matter of individual rights.³⁴⁴

Besides an interest in human biology, the Enlightenment also sparked an interest in the social determinants of health. Instead of a focus on the human body as the locus of disease, poor living conditions and lack of hygiene came to be understood as important causes of epidemiological diseases. Especially in the second half of the 19th century, the idea took root in Western Europe that collective health problems could be controlled through advancements in public hygiene, such as

³⁴³ Early practices to influence determinants of health were already developed in the Middle Ages, such as quarantine of travellers from plague-infested regions and establishment of infirmaries for the ill. However, these medieval infirmaries usually served the purpose of incapacitation of dangerous or socially unwanted subjects more than they actually provided care and cure (e.g. De Swaan, 1988).

³⁴⁴ The contemporary Dutch health care system is characterised by a semi-regulated, semi-private interaction between care providers (health institutions and health care professionals), clients (insurance patients) and health insurance companies (Mackenbach & Van der Maas, 2008:361; Boot & Knapen, 2005:182). Government determines the framework for this interaction, and pays special attention to quality, affordability and accessibility of health care (Mackenbach & Van der Maas, 2008:434).

Important characteristics of the Dutch system are a division between a first (general practitioners), second (specialised care, accessible through referral) and third echelon (highly specialised services), a division between extramural and intramural care, a compulsory general health care insurance (with compulsory acceptance of clients by insurance companies), and a national insurance for exceptional (individually uninsurable) medical expenses ('AWBZ') (Mackenbach & Van der Maas, 2008:371, 390, 394).

State regulation of the health care system was introduced relatively late in The Netherlands. For a long time, private (mainly religion-based) provisions and funds dominated health care services. A wartime decree (1941) regulated general accessibility to health care, only to be replaced in 1964 by a law to regulate compulsory health care insurance and complemented in 1968 by a law to regulate a national insurance for exceptional medical expenses (Boot & Knapen, 2005:199-204).

sewerage, public housing and drinking water supplies (Mackenbach & Van der Maas, 2008:19-27; Van der Woud, 2006).³⁴⁵ The British Public Health Act of 1848, enacted in response to reports on sanitary conditions in urban areas in 1844 and on the cholera epidemic in 1847, was the first of its kind. This act took the view that the promotion of public health was the responsibility of the state. The Netherlands was relatively late in developing collective action: a housing act and a health act were passed in 1901, and a commodities act to regulate food hygiene followed in 1919 (Van der Woud, 2010:80).³⁴⁶

This was the birth of the field of 'public health': "the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health" (Winslow, 1920).

While rooted in the ideals of the Enlightenment, the development of public health was also very much a practical answer to the problems posed by the rapid industrialisation and urbanisation of Western European societies in the 19th century. Even though the 19th century Sanitary Movement had promoted the scientific knowledge of the consequences of poor nutrition and hygiene, a basic lack of financial means condemned the lower socio-economic classes to extremely

³⁴⁵ The early 20th century brought improvements in the form of antibiotics, vaccination programmes and food hygiene. More recent (post-1970) examples of public health interventions in The Netherlands are the screening of 99,5% of all new-borns on metabolic diseases through the Guthrie test and other forms of periodic health screening of children, advice on the sleeping position of new-borns to prevent sudden infant death syndrome, vaccination of children against common contagious diseases, and the introduction of childproof closures on dangerous substances.

Furthermore, the number of traffic victims has been reduced as a result of infrastructural improvements, energy absorption zones and safety belts in cars, and regulation and information on drunk driving. Other examples include the reduction of trans fat in food, regulations and information to reduce smoking and adolescent alcohol use, use of condoms to prevent sexually transmitted diseases, and the introduction of breast cancer screening. These measures have realised many "silent victories". Diseases have been prevented and life expectancy has increased – hence, the success is that no harms occurred. Moreover, these measures intervene on a collective rather than individual level (Mackenbach, 2011).

³⁴⁶ However, several municipalities, such as Amsterdam and Rotterdam, had by the end of the 19th century already developed sanitation departments for the cleansing of public streets and canals and the collection of garbage and feces. Furthermore, public utilities were established to build hospitals, schools and water supply systems, and to lay out new urban development areas, parks, paved streets and street lighting (Van der Woud, 2010:291-297).

unhealthy, slum-like living circumstances, insufficient food and nutritional value, and poor drinking water hygiene (e.g. Van der Woud, 2010).³⁴⁷

Very gradually, the 'social question' broke through the ideological barriers of 'laissez-faire'-politics. The interrelatedness between the upper and the lower classes, which shared the same urban environment and were part of the same economic (capitalist) system, implied that society as a whole was affected by poor health (De Swaan, 1988). Contagious diseases were not necessarily confined to the slums from whence they originated, nor were poor health and a short life expectancy without consequences for the labour productivity. Instead of a collection of individuals, united under some sort of autonomous natural law, society came to be perceived as an entity, as a collective organism that could and should be influenced by collective action.

Even though public health and health care³⁴⁸ both contribute to the health of a population, they are characterised by a different logic. Whereas public health measures are usually a form of '*unsolicited collective action*' by the state (Mackenbach & Van der Maas, 2008:271), health care activities stem from an individual '*request for care*' (Mackenbach & Van der Maas, 2008:361). Health care is directed at individual treatment, public health at population-level health threats (e.g. WRR, 1997:122-128). Curing disease characterises the practice of health care, whereas improvement of health is central to public health activities (cf. Pomerleau & McKee, 2005). And whereas disease is the focal point of health care, the notion of 'health' is central to public health policy. Health is a broad notion and can refer to the mere absence of disease, but also to the image of a healthy life and the quality of life.

These notions of 'health' and 'quality of life' imply a broader perspective than a mere medical paradigm. They transcend an important distinction in public health between 'disease' and 'illness': "Patients suffer from 'illnesses'; doctors diagnose and treat 'diseases'. *Illnesses* are experiences of discontinuities in states

³⁴⁷ Illustrative for the living conditions of the lower classes is the average life expectancy in The Netherlands in 1866: 33 years. Contagious diseases such as cholera, poor and small housing, insufficient, unhealthy and unhygienic nutrition, unsafe labour conditions, and lack of access to health care and medication were the most important threats to the health of especially the lower classes (Van der Woud, 2010:240).

³⁴⁸ Welfare state institutions (including health care institutions) tend to take up a large part of public expenditures – more so than more 'traditional' policy areas such as crime policy. For instance, the total budget for 2011 for the Dutch Justice department was 4.8 billion (and another 5 billion for the police), while the Ministry of Health had a total budget of 86.6 billion euro. Moreover, because of the nature of health care institutions, expenditures have been subject to a more or less 'autonomous' growth – most importantly because of demographic developments, which led to an increase of elderly people in need of care. See: http://prinsjesdag2010.nl/miljoenennota/huishoudboekje_van_nederland; consulted d.d. 1-8-2011.

of being and perceived role performances. *Diseases*, in the scientific paradigm of modern medicine, are abnormalities in the function and/or structure of body organs and systems” (Eisenberg, 1977:9).

The quality of life not only depends on a medical diagnosis, but also on a personally experienced and, in part, culturally determined state of discomfort, which can also occur in daily life and without a specific medical diagnosis or biological basis (Kleinman c.s., 2006). Someone may feel ill, but not suffer from a clear biological disease. And conversely, someone may suffer from a disease, but not experience any clear signs of illness. The Cartesian dichotomy between body and soul is transcended in the notion of illness (Eisenberg, 1977:10).

1.2. Prevention and Dutch public health policy

The development of modern public health interventions predates the development of the health care system. This also implies that prevention of diseases dates back to at least the late-19th century. However, the notion of ‘public health’ as a distinct policy concept is of relatively recent date. In its 1978 memorandum *Health For All*, the World Health Organisation (WHO) urged governments and international organisations to take measures to establish a level of health, which would permit *all people to lead a socially and economically productive life*.³⁴⁹ This memorandum focused on the *determinants of health*. Objects of intervention in public health, such as pollution, lack of public hygiene, unhealthy lifestyles, poverty and genetic defects were considered the causes of disease, and hence a causal scheme – necessary for prevention – between disease and the objects of intervention to avert disease was constructed.

Prevention is “the totality of measures, both inside and outside the realm of health care, with the objective of protecting and improving health by preventing disease and health problems” (Mackenbach & Van der Maas, 2008:190; my translation, RP). In general, three different preventive strategies can be discerned. Primary prevention deals with averting the development of a disease (for instance through vaccination programmes). Secondary prevention deals with the early detection of diseases to enable early interventions (for instance, through cancer screening programmes). Tertiary prevention deals with the reduction of the negative impacts of a disease which has already established itself (for instance, through medication to control high blood pressure) (e.g. Mackenbach & Van der Maas, 2008:192).

Preventive measures can have several different objects of intervention, such as diseases (infections, cancer, diabetes), risk factors (smoking, nutrition), target groups (adolescents, the elderly) and settings (the workplace, schools)

³⁴⁹ Found at <http://www.who.int/about/en/>; consulted d.d. 3-10-2010.

(Boot & Knapen, 2005:78-84). Since risk factors can also be the object of preventive activities, the aforementioned secondary and tertiary forms of prevention may not only apply to the early detection of diseases or the prevention of disease progression, but also to the early detection of risk factors for disease or the treatment of people with an increased risk of developing diseases (such as obese people or smokers).

Since 1983, the Dutch constitution has required that the state take measures to promote public health.³⁵⁰ Many activities developed in later years can be traced back to this constitutional obligation, the specific interpretation of which is a matter of policymaking. The Dutch government's 1986 *Memorandum on the Development of Public Health Policy*³⁵¹ is important in this respect, as it marks a shift in the object of preventive measures, as well as a structural incorporation of the prevention perspective in national policymaking.

To start with the shift in the object of intervention, it is interesting to note that, up until 1986, preventive measures were mostly directed at *exogenous* determinants of health, such as the contamination of food, water and air, safety of the living and working environment, spreading of contagious diseases, and poverty. From 1986 onwards, the focus was broadened to include *endogenous* determinants of health, which – besides genetic factors – refer to the way individual human behaviour and lifestyle choices influence personal health. The choices people make in their behaviour correlate to the development of degenerative and non-communicable diseases such as (forms of) cancer, diabetes and cardiovascular diseases, which have risen to epidemic proportions in Western European wel-

³⁵⁰ Public health activities are based on a legal framework, of which article 22 in the Dutch constitution – introduced in the 1983 constitutional reform – forms the backbone:

- “The authorities shall take steps to promote the health of the population.
- It shall be the concern of the authorities to provide sufficient living accommodation.
- The authorities shall promote social and cultural development and leisure activities.”

(English version: http://www.servat.unibe.ch/icl/nl00000_.html; consulted d.d. 17-11-2010).

Further legal foundations for public health can be found in four laws. The Care Insurance Act ('Zvw') and the Exceptional Medical Expenses Act ('AWBZ') form the core of the Dutch health care system. Furthermore, the Social Support Act ('Wmo') regulates welfare activities such as social work, provisions for disabled persons, care for the homeless, and control of domestic violence. And finally, the Public Health Act ('Wet Publieke Gezondheid') regulates the specific public health responsibilities of national and local authorities, such as epidemiological analyses, monitoring of the public health status, incorporation of health aspects in policymaking, the implementation of prevention programmes, and the control of social hygiene (Mackenbach & Van der Maas, 2008:438-439).

³⁵¹ In Dutch: *Over de ontwikkeling van gezondheidsbeleid*; TK 1985-1986, 19500/1-2. References to quotations in the text are abbreviated as 'MDP, 1986', followed by the page number.

fare states.³⁵² Hence, lifestyle and individual choices with regard to smoking, alcohol use, nutritional habits and physical exercise became a focal point for policy-making, next to the existing repertoire to improve living conditions, regulate food and water quality, and develop vaccination programmes.

The 1986 *Memorandum on the Development of Public Health Policy* was the first proper policy memorandum on prevention. This memorandum marks the beginning of a structural incorporation of prevention in public health policy. Previous health memoranda mostly dealt with the structure and financial expenditures of the health care system. The first health policy memorandum ever published, the 1966 *Public Health Memorandum*,³⁵³ was largely an inventory of existing structures, institutions and practices in health care, as well as a report on the status of public health in The Netherlands. The 1986 memorandum did not imply the introduction of prevention (this dates back to the late-19th century), but instead the *rediscovery and reinterpretation of prevention* as a means to structurally improve the status of public health.³⁵⁴

In the implementation of Dutch public health policy, the Municipal Health Services³⁵⁵ play a pivotal role. Even though national government determines the general policy outline (this falls under the responsibility of the Minister of Health, Welfare and Sport), the implementation and the development of specific policies and activities are decentralised tasks. Since the end of the 1980s, a network of Municipal Health Services with national coverage has been responsible for a vari-

³⁵² Mackenbach & Van der Maas (2008:60-67) distinguish several 'epidemiological transitions'. Until deep in the 19th century, contagious diseases and famines determined the status of public health in Western Europe. Between 1875 and 1920, these diseases and famines declined steeply as a result of preventive measures and increased wealth. And by the second half of the 20th century, almost all infectious diseases are under control as a result of increased wealth and the development of vaccines. However, especially since the Second World War, degenerative and non-communicable diseases have developed into a new epidemic.

³⁵³ In Dutch: *Volksgesondheidsnota 1966*; TK 1965-1966, 8462/1. References to quotations in the text are abbreviated as 'PHM, 1966', followed by the page number.

³⁵⁴ Improvement of the status of public health is infused with the ambition to reach a level of health that permits all people to lead a socially and economically productive life. Thus understood, public health policies are closely related to welfare policies, of which the objectives are social integration and participation (Van Dam c.s., 2000:19). Unemployment, educational disadvantages, family problems, poverty and social support for adolescents, parents, homeless, addicts, elderly and minority groups are all related to public health policy. Especially with the introduction of the Social Support Act in 2006 (which stresses participation), the fields of health and welfare have become interrelated (e.g. Van Dam & Wiebes, 2005:96). Health and welfare policies share to a large extent the same underlying motives, such as quality of life, self-development and emancipation of citizens, and the promotion of a general feeling of wellbeing for every individual (Hortulanus c.s., 1997:158; cf. WRR, 1982:15).

³⁵⁵ In Dutch: 'Gemeentelijke Gezondheidsdienst' or 'GGD'.

ety of tasks, such as youth health care (including vaccination, monitoring and parent advice at infant centres), control of infectious diseases, medical support in case of disasters, social hygiene, population screening, and the development of preventive programmes.

Furthermore, public health policy is also implemented through the enforcement of the Working Conditions Act and through various government-subsidised organisations for the promotion of health – such as institutes for mental health and addiction ('Trimbos'), for tobacco control ('Stivoro'), for consumer safety ('Consument en Veiligheid') and healthy nutrition ('Voedingscentrum') (Mackenbach & Van der Maas, 2008:270-315).

1.3. Outline

The following case study of public health policy in The Netherlands consists of two parts. The first part is a policy genealogy, which takes the aforementioned 1986 *Memorandum on the Development of Public Health Policy* as starting point. However, the actual policy genealogy starts in 1966, the year in which the very first Dutch health policy memorandum was published. Several policy memoranda between 1966 and 1986 are analysed to describe the developments which eventually led to the (re)introduction (and reinterpretation) of prevention as a policy paradigm. In total, four time periods are distinguished: 1966-1982, 1983-1990, 1991-2002 and 2003-2011. This has an analytical purpose: even though the actual policy development is more ambiguous and nuanced, the four periods aim to highlight new elements and crucial developments amidst the continuities.

The second part of this study is an analysis of local preventive practices in policy implementation. The selected practices are part of the "Healthy Together programme",³⁵⁶ developed by the city of The Hague. This programme coordinates the various municipal efforts on public health and offers insight into both situation-specific and personalised forms of prevention. In an appendix to this study, an overview is presented of the observations, interviews and documentation underlying the empirical findings.

The description of local practices in the city of The Hague serves as an example of the contemporary public health intervention repertoire in Dutch local government. As such, it does not propose to be representative of all local public health practices. Its methodological function is to support the validity of government's statements of intent on policy implementation: if the characteristics of the selected policy practices coincide with the characteristics of the statements of intent, this supports the status of the latter as a valid representation of the Dutch state's intervention power.

³⁵⁶ In Dutch: *Samen Gezond*.

2. Policy genealogy: the rise of the behavioural policy paradigm

PART 1: PREVENTION AS COLLECTIVE PROTECTION (1966-1982)

1.1. Introduction

Prevention has long been a point of concern in health care and public health policies: in the approach to epidemic diseases since the late 19th century, and later through large vaccination programmes. Prevention has played a role in national policymaking from 1966 onwards. This was the year the first Dutch health policy memorandum was published, simply entitled *Public Health Memorandum 1966*.³⁵⁷ The memorandum mainly served as a comprehensive overview or inventory of what was already ‘out there’ in terms of health care provisions, and as an analysis of the status of public health in The Netherlands, and only in the second instance as a means to structurally plan the development of these provisions in the future (Boot & Knapen, 2005:207). Before 1966, the Dutch health care system had grown expansively, but it was also fragmented, since many provisions were organised by private, mostly religious, organisations.

On the topic of public health, the memorandum served as a description of the history of policies and activities since the Local Government Act of 1851. This act marked the first explicit, albeit modest, mention of state responsibility for public health in the form of a basic control of the problems caused by pauperism in expanding cities. From the late-19th century onwards, a more structural improvement of living conditions was pursued through the introduction of sewerage systems, drinking water supply and state inspectorates on nutrition.³⁵⁸ After the Second World War, the social security system also had positive effects on the state of public health: poverty was no longer an important cause of health problems. Furthermore, health care services became widespread from the 1940s onwards and were codified in 1960s legislation: the National Health Insurance Act³⁵⁹ became effective in 1966 and compulsory collective insurance was introduced in

³⁵⁷ In Dutch: *Volksgesondheidsnota 1966*; TK 1965-1966, 8462/1. References to quotations in the text are abbreviated as ‘PHM, 1966’, followed by the page number.

³⁵⁸ A public health measure worthy of mention here is the longstanding concern for alcohol use and abuse. Since the 1881 Licensing Act (in Dutch: *Drankwet*), the Dutch state has regulated the sale and use of alcoholic substances in order to prevent public drunkenness, alcoholism and threats to public order. Through legal regulation, governments have over the years aimed to drive back the harmful effects of alcohol abuse. Prohibiting public drunkenness, regulating the maximum number of selling points within a municipality, prohibiting the sale of alcohol to children, and the introduction of a license system for alcohol sale have been a matter of constant regulation ever since (PHM, 1966:23, 29-30).

³⁵⁹ In Dutch: *Ziekenfondswet*. The National Health Insurance covered among other things medical care, obstetrical care, dental care, medication, maternity care and ambulance transport (PHM, 1966:103-104).

1968 to compensate for exceptional (individually uninsurable) medical expenses.³⁶⁰ This legislation was a sign of the gradual move away from privately organised health care, toward state-controlled health care services.

The 1966 *Public Health Memorandum* should be understood against this historical background. It explicitly introduced two different government strategies in the approach to health issues: 'health care'³⁶¹ and 'health protection'.³⁶² Policies with regard to 'care' were concerned with the organisation and financing of curative provisions; policies with regard to 'protection' dealt with preventive policies, such as vaccination programmes and regulations on public hygiene.

The strategy of 'health protection' was a more goal-oriented approach towards public health threats: "Only national government is capable of surveying [the entire terrain of health protection] and of permanent preparedness to prevent threats to public health. In the past, policing activities against those whose wrongful behaviour posed a threat to public health took centre stage.³⁶³ Nowadays, it is clear that health protection should be approached through more operational methods. Since it has become more difficult, or even impossible, for individual citizens to recognise sources of disease in food or the environment, clearly the government has a duty to take action on behalf of citizens in terms of research and regulation. To that end, legislation is not enough. Government should also give advice and maintain close and constant consultation with experts. As a result, regulatory activities will be pushed to the background" (PHM, 1966:31).³⁶⁴

In the following, the first steps in the government's new approach to public health threats are analysed. Besides the aforementioned *Public Health Memorandum*, the 1974 *Memorandum on the Structure of Health Care*³⁶⁵ and the 1979 memorandum *Health Care Policy and its Budgetary Consequences*³⁶⁶ are discussed.

³⁶⁰ In Dutch: *Algemene Wet Bijzondere Ziektekosten*.

³⁶¹ In Dutch: 'gezondheidszorg' (PHM, 1966:100).

³⁶² In Dutch: 'gezondheidsbescherming' (PHM, 1966:170).

³⁶³ Up to 1966, legislation served as the main trigger for preventive state activities – for instance in the form of prohibition and policing of behaviour which posed a danger for public health (such as the sale of contaminated food), or in the form of providing proper housing and developing vaccination programmes.

³⁶⁴ However, the above-cited statement received little follow-up in various policy memoranda in the period up to 1983.

³⁶⁵ In Dutch: *Structuurnota Gezondheidszorg*; TK 1973-1974, 13012/1-2. References to quotations in the text are abbreviated as 'MSH, 1974', followed by the page number.

³⁶⁶ In Dutch: *Het beleid ter zake van de gezondheidszorg met het oog op de kostenontwikkeling*; TK 1978-1979, 15540/1-2. References to quotations in the text are abbreviated as 'HBC, 1979', followed by the page number.

1.2. Definition power

1.2.1. The dominance of the medical paradigm

Even though the 1966 *Public Health Memorandum* introduced 'health care' and 'health protection' as two distinct strategies, the dominant focus was on the improvement of public health by professionalising and structuring the existing health care services (PHM, 1966:166). In the years following 1966, government continued to focus on the health care system as a means to improve the status of public health. However, concerns about the efficiency³⁶⁷ and financial viability³⁶⁸ of the health care system dominated the 1974 *Memorandum on the Structure of Health Care* and 1979 memorandum *Health Care Policy and its Budgetary Consequences* (e.g. MSH, 1974:7; HBC, 1979:5).

In this context, prevention of disease was seen as one of the possible means to cut back expenditures and relieve the overburdened health care system: "Government aims to reduce the growth of demands on health care services by improving information to the public, promoting budgetary awareness on both the supply and the demand side of health care, and stimulating preventive measures" (HBC, 1979:6; cf. MSH, 1974:6).

However, government added to this the bitter realisation that "as the national health care service reaches its goal of improving the standard of public health, it tends to become more costly since people in general live longer, disabled people have more opportunities in life, and the number of people relying on health care [at an elderly age] increases; this development, combined with growing medical and technical possibilities, can lead to a structure which makes itself unviable" (HBC, 1979:10).

1.2.2. Prevention as protection

In the 1966 memorandum, prevention took the form of health protection. As society became increasingly more complex, the number of external factors that threatened public health also grew. Population growth, expansion of traffic, industry and environmental pollution, the increase of mental stress in the daily working and living environment, the development of new medicines and medical standards, and the emergence of new threats to the quality of nutrition and drinking

³⁶⁷ For instance, the government proposed to organise health care services according to a 'factory line logic'. Different 'echelons' were distinguished to structure the way citizens were to enter and move through the health care system. General practitioners, who even now make up the bulk of all non-specialised services of the 'first echelon', were by and large the only 'entrance' for citizens into the health care system. From there on, patients could be referred to the specialised somatic services of the 'second echelon' (hospitals et cetera) (MSH, 1974:13-16).

³⁶⁸ The total expenditures for the national health care service had risen from five billion guilders in 1968 to ten billion guilders in 1972 (MSH, 1974:7).

water all called for more state interventions (e.g. PHM, 1966:188). This more complex society required a more active state: "The considerable influence on the living environment of intensified traffic, of expanding trade and industry, and, not in the last place, of housing for the fast growing population requires an increased level of regulatory activities by the state" (PHM, 1966:173).³⁶⁹

Prevention of disease implied protecting the population against the external health threats typical of a complex society. 'Health protection' is "the entire repertoire of measures against exogenous influences in order to maintain, promote and protect an optimal public health status [...]" (PHM, 1966:170). Tangible sources of disease, according to the memorandum, included bacteria and other harmful organisms, food, drinking water, air quality, living environment (noise, stench, loss of privacy, offensive behaviour, vandalism, crime, etc.), and the availability of food and water (PHM, 1966:171-172).³⁷⁰ Consequently, the government proposed measures for "the preservation of hygienic food, drinking water, consumption goods and medicines", for "the preservation of an environment in which man can safely live, reside, work and recreate" and for "the prevention of severe mental disorders" (PHM, 1966:173).

Government's dominant preventive focus during this period was on external or exogenous health threats. However, 'health promotion' was mentioned as another possible preventive strategy (PHM, 1966:170). Even though there was no systematic approach to endogenous health threats³⁷¹ in the policy memoranda published between 1966 and 1982, the government did express an ambition to strengthen and expand the advice and information provided to citizens with regard to healthy living habits, healthy choice of food, physical exercise, regular recreation (PHM, 1966:173), family planning and use of contraceptives (PHM, 1966:192).

This implied a broadening of the preventive scope: "Stimulating a hygienic lifestyle, an adequate food pattern and the systematic promotion of interpersonal relations, in which carefulness towards others is taken into consideration, and in which disruptive and harmful influences on the environment are avoided, are considered very important for public health and the protection of the environ-

³⁶⁹ Furthermore, the growth of wealth was mentioned as a possible negative factor for public health: on the one hand, living standards and public hygiene had increased, but on the other hand, diseases of civilisation were also likely to increase (PHM, 1966:13). This line of thought was not further pursued in the 1966 memorandum, but would become the core of the public health policy from 1983 onwards.

³⁷⁰ More broadly, government distinguishes the following causes of illness: 1) causes which stem from man's environment or living conditions; 2) causes which are biologically determined and can be already present at birth; and 3) causes which determine individual resistance against diseases" (PHM, 1966:33).

³⁷¹ Health threats following from individual human behaviour.

ment by government. This is especially relevant if health threats can still be prevented. If anywhere, here prevention is better than the cure" (PHM, 1966:15).

Generally speaking, government saw prevention of disease as "[...] of great importance to society. Not only because the functioning of society as a whole is only possible if citizens are physically and mentally suited for their task in society, but above all because the physical and mental wellbeing of individual persons determines their happiness to a very large extent [...]" (PHM, 1966:9). Government saw its task as one that had developed "from controlling epidemics and obvious abuses in public hygiene a hundred years ago, and the protection of the workplace conditions over the last 75 years, towards a more general protection and promotion of public health, both in physical and mental terms" (PHM, 1966:187).

In this, the government foreshadowed public health policy from 1983 onward. Not until that time did individual human behaviour and lifestyle choices become a focal point of preventive policies. This development coincided with – and was to a large extent made possible by – a paradigm shift from 'disease' to 'health': "[it] has become more and more obvious that health is not merely the absence of disease [...], but a state of socially determined physical and mental wellbeing" (PHM, 1966:10).

1.2.3. A complementary responsibility

The improvement of public health followed from a specific sense of governmental responsibility: "If one perceives public health issues from the perspective of responsibilities, it seems appropriate to place public health in the realm of rights. [...] The right to health is not an individual or absolute right. It may be compared to the right to labour. It demands the creation of state provisions that enable citizens to live under optimal health conditions, just as the state has the responsibility to create optimal conditions for employment. The creation, maintenance and possible improvement of these conditions is the task of public health policy, and this implies the creation of safeguards for each individual to share in the health care services as a complement to his own responsibility and obligation of self-care" (PHM, 1966:10).

This description of state responsibility not only included the creation of proper health care services, but also the protection of citizens against external health threats. This preventive responsibility implied a very broad range of activities, such as vaccination programmes (PHM, 1966:198), traffic safety, environmental pollution, industrial and spatial planning, environmental and technical hygiene, disposal of waste materials, alcohol abuse, promoting recreational activities and facilities, et cetera (PHM, 1966:171).

Although the scope of activities was broad, its underlying sense of responsibility was limited and, moreover, complementary to citizens' own responsibility for their health and wellbeing: "An individual is primarily responsible for his own and his family's health and safety, in so far as this can be influenced by himself. [...] An individual is responsible for following elementary hygienic and safety practices, for taking no more health risks than what is commonly understood as normal, and for using well-known, scientifically approved and accepted means to improve health" (PHM, 1966:10).

The complementary state responsibility was directed at the sources of disease outside the sphere of influence of individual citizens, such as the control of epidemic diseases and the consequences of structural social transformations (including population growth, technological developments, urbanisation, industrialisation and high living standards) (PHM, 1966:13): "Besides the [...] measures of self-protection to be taken by each citizen, there still remains an area for state intervention, in which individual citizens are no longer able to protect themselves or make a responsible choice. This principle is applicable to national defence, water works, public order and security, and also to public health" (PHM, 1966:14).

The line between the primacy of citizen responsibility on the one hand, and overestimation of the citizen's capability to take this responsibility on the other hand was a thin one (PHM, 1966:100). The government offers a specific example to illustrate where the line should be drawn: "it is not a task of government to ban the smoking of cigarettes. It is, however, a responsibility of government to prudently inform the users of these products of the dangerous relation between smoking and lung cancer. It should be stressed, however, that every adult is free to continue smoking and increase the risk of lung cancer" (PHM, 1966:170).³⁷²

1.3. Intervention power

1.3.1. Decentralisation

The organisation of health protection is, to a large extent, a task for local public authorities. This is the level at which authorities can gather detailed information on the status of public health and can develop activities targeted at the specific nature of local problems. This realisation led government during this period to propose setting up a national network of Municipal Health Services.

³⁷² At the same time, government also stressed that the state of public health could only be improved if people took government's advice to heart: "Efficient public health care can only be achieved when all citizens actually accept this care. [...] Especially here, the responsibility of the individual for his personal health, and the health of the people close to him, can be realised by embracing government recommendations concerning public health" (MSH, 1974:16).

These services were appointed several preventive tasks, including the control of epidemic diseases and quarantine, the collection and analysis of regional epidemiological data, the establishment of school health services and ambulance services, sanitary regulation and other technical hygienic services, decontamination services in harbour cities, and dissemination of public health information and advice to the general public (MSH, 1974:17). National government was responsible for the coordination between these services, for long term planning, and for the broad outlines of public health policy (MSH, 1974:19-20).

1.3.2. Research, regulation and service delivery

The government's objective to protect citizens against exogenous health threats beyond the sphere of influence of individuals, required a specific organisation and an array of instruments. Three distinct implementation strategies followed from the government's protective ambitions and complementary responsibility.

First of all, proper protection against external threats in a dynamic and complex societal context required knowledge of the sources of disease and an effective means to tackle these: "Future policy will aim for a systematic collection and evaluation of data to be applied for science-based activities in health services. [Government] not only implies the use of knowledge in hospitals or institutions of care, but specifically in neighbourhood-based services as well, where the influence of the living environment is felt most directly" (PHM, 1966:163-164).

Secondly, protection required elaborate regulation. Exogenous health threats beyond the sphere of influence of individual citizens could be found in industry, waste material, water supply, nutrition, medicines, traffic, and public hygiene. All these domains of social life, therefore, became subject to government regulation (PHM, 1966:189-190; 193-194). Criteria for the quality of water, air, food and medicines were defined and subsequently enforced (PHM, 1966:69-99).

And third, the protection of society against health threats was realised through concrete interventions by the public authorities: "Preventing air pollution, removal of waste materials, creating recreational services [...] and improving traffic safety are just a few examples of the expansive and varied domain of technical-hygienic services which will be given priority" (PHM, 1966:40). Furthermore, health service delivery was a condition to achieve improvement in the status of public health: local child care services, population screening and information on health risks are a few examples of preventive activities that were undertaken (PHM, 1966:103; 259).

1.3.3. Rational persuasion

Even though this was, at the time, little more than agenda-setting, the government's aforementioned attention to endogenous health threats also touched on

the need for instrumentation. Whereas the response to exogenous threats beyond the control of individual citizens was characterised by research, regulation and service delivery, health threats within the control of individual citizens called for a different approach. Here, government aimed to 'empower' citizens to take responsibility for themselves with regard to avoidable health threats: "Promoting a balanced development process through all life phases by means of adequate advice and information becomes of more importance than could have been foreseen in earlier times" (PHM, 1966:33).

Health education and advice had a voluntary character, although government did stress the importance of citizen compliance for the success of its policy (PHM, 1966:170). Mass-media campaigns and personalised advice by, for instance, general practitioners (PHM, 1966:136) or schools (PHM, 1966:173) aimed to provide objective information: "Public information campaigns will raise the awareness of everybody's responsibility for one's own health and that of fellow citizens, as well as the awareness of the consequences of certain risky lifestyles" (GD, 1971:144). There was a sense of optimism that citizens would incorporate this information into their daily lives and follow the most rational course of action in terms of health.

1.4. Synopsis

In terms of definition power, the dominant focus of government policy memoranda between 1966 and 1982 was on the proper organisation of the health care system. This had to do with concerns about the effectiveness and financial viability of the health care system, but also with the fact that further improvement of public health was primarily viewed as a medical matter. Prevention of disease was still mainly understood to comprise *health protection* against exogenous health threats, which were beyond the control of individual citizens. This strategy holds something of a middle ground between prevention and a classic welfare state apparatus: on the one hand, it explicitly aims to prevent undesirable phenomena, on the other hand, it is rooted in the idea that the state is only justified to intervene beyond the realm of individual responsibility.

Every citizen was considered to be primarily responsible for his own health. State intervention was required only when health threats were perceived as being beyond the control of individual citizens: health protection was a *complementary responsibility*. In the end, every citizen was free to decide for himself whether he wanted to live a healthy life. Government's responsibility was limited to providing the opportunities for citizens to do so – in terms of protection against exogenous threats and in terms of objective information on the risks of certain habits, such as smoking. However, citizens were explicitly left free to choose an unhealthy life.

The trigger for state interventions in the realm of health protection lay in the increased numbers of *health threats produced by modern society*: urbanisation, industrialisation, population growth, traffic increase, and the circulation of dangerous goods and substances. The justification for these interventions was the objective to maintain a properly functioning and economically productive society.

In terms of intervention power, the government's protective ambitions required *research, regulation and service delivery*. In the face of a dynamic and complex societal context, a permanent monitoring of the nature and causes of external health threats was a necessity. The ambition to intervene on these causes implied a need to develop effective, knowledge-based interventions. Furthermore, protection required elaborate regulation. Quality standards and health standards for nutrition, drinking water, air, public hygiene, medicines and working conditions needed to be defined and subsequently enforced by state authorities. And finally, concrete interventions were necessary to realise healthy living environments, a safe infrastructure, local child care services, intensive population screening, and vaccination programmes.

PART 2: THE RISE OF THE HEALTH PARADIGM (1983-1990)

2.1. *Introduction*

Even though health policy between 1966 and 1982 hinted at future developments, the medical paradigm remained at the heart of efforts to improve public health. The modest attention to prevention of disease in the various relevant policy memoranda was, by and large, a continuation of early preventive measures against epidemic diseases. Exogenous threats to public health were controlled through regulation to protect citizens from harm due to circumstances beyond their control. The increasing complexity of society may have created new exogenous threats to the quality of food, drinking water, housing and medicines, but the basic strategy of protection of the population followed directly from earlier activities in the realm of public hygiene and vaccination programmes. The government's "entire repertoire of measures against exogenous influences in order to maintain, promote and protect the optimal public health status [...]" (PHM, 1966:170) rested on the assumption that individuals were in the first place responsible for their own health and that the state's responsibility was limited to controlling those sources of disease that were beyond the sphere of influence of individual citizens.

Two important discontinuities in public health policy would expand the government's scope of interest from the mid-1980s onwards. In 1966, government hinted at the first of these when it stated "health is not merely the absence of disease [...], but a state of socially determined physical and mental wellbeing" (PHM, 1966:10). The introduction of the notion of 'health' already implied a broader focus than mere protection against sources of disease; one in which factors contributing to the quality of life in general, too, were relevant. Moreover, the idea of health as the absence of disease expressed an explicit preventive perspective, dedicated to averting future developments that might harm a person's physical and mental wellbeing. In the period following 1983, government made the explicit paradigm shift from 'disease' to 'health'.

A second discontinuity concerns the object of preventive interventions. Government stated in 1966 that "a hygienic lifestyle, an adequate food pattern and [...] interpersonal relations" (PHM, 1966:15) were important focal points for the prevention of disease. However, from 1983 onwards, health promotion would take its place next to health protection as an important preventive strategy. In health promotion, individual behaviour and the choices people make in their daily lives take central stage. Thus endogenous health threats joined exogenous health threats in forming the heart of public health policy.

The rise of the health paradigm coincided with the waning of the medical paradigm as a strategy to further improve the status of public health. The 1979 *Health Care Policy and its Budgetary Consequences* memorandum foreshadowed this development, stating: “[Research shows us that] changes in the status of public health, for better or for worse, can largely be attributed to environmental factors and to lifestyle or behavioural patterns, which consist of an aggregate of decisions relevant to an individual’s health. These decisions are more or less within the sphere of influence of an individual. The status of public health cannot be improved much further through the development of curative services. Instead, more attention, money and energy should be paid to public health policies which influence environmental factors and promote healthy behaviour. [...] This requires a fundamental approach to health information and education” (HBC, 1979:17).

From 1983 onwards, disease prevention became a separate and distinct element in policymaking: policy memoranda appeared on a regular basis and discussions about preventive policies were largely divorced from the discussion on the organisation and management of health care services. In the core memorandum of the 1983-1990 period, the lengthy *Memorandum on the Development of Public Health Policy*,³⁷³ government set out its paradigm shift from disease to health, which was based on the analysis of both exogenous and endogenous ‘determinants of health’. Other memoranda discussed in the following are *Public Health Policy with Limited Means*³⁷⁴ (1983) and *Nutrition Policy*³⁷⁵ (1983), *Safety in the Private Sphere*,³⁷⁶ *Accents in Sports Policy*,³⁷⁷ *Youth Policy*³⁷⁸ and *Public Mental Health*,³⁷⁹ all published in 1984, *Alcohol and Society*³⁸⁰ (1985), *Prevention of Cardiovascular Diseases*³⁸¹ (1987) and *Working on Health Care Renewal*³⁸² (1990).

³⁷³ In Dutch: *Over de ontwikkeling van gezondheidsbeleid*; TK 1985-1986, 19500/1-2. References to quotations in the text are abbreviated as ‘MDP, 1986’, followed by the page number. This memorandum is also known as the *Memorandum 2000* because government hoped to have realised its long-term ambitions to improve public health by the year 2000.

³⁷⁴ In Dutch: *Volksgesondheidsbeleid bij beperkte middelen*; TK 1983-1984, 18108/1-2. References to quotations in the text are abbreviated as ‘PLM, 1983’, followed by the page number. The 1983 and 1986 memoranda form a pair, the latter dealing with long-term policy ambitions, the former with midterm ambitions (PLM, 1983:5).

³⁷⁵ In Dutch: *Voedingsbeleid*; TK 1983-1984, 18156/1-2. References to quotations in the text are abbreviated as ‘NP, 1983’, followed by the page number.

³⁷⁶ In Dutch: *Veiligheid in de Privésfeer*; TK 1983-1984, 18453/1-2. References to quotations in the text are abbreviated as ‘SPS, 1984’, followed by the page number.

³⁷⁷ In Dutch: *Accenten Sportbeleid*; TK 1983-1984, 18039/2-3. References to quotations in the text are abbreviated as ‘ASP, 1984’, followed by the page number.

³⁷⁸ In Dutch: *Jeugdbeleid*; TK 1983-1984, 18545/1-2. References to quotations in the text are abbreviated as ‘YP, 1984’, followed by the page number.

³⁷⁹ In Dutch: *Geestelijke Volksgezondheid*; TK 1983-1984, 18463/1-2. References to quotations in the text are abbreviated as ‘PMH, 1984’, followed by the page number.

Also worthy of mention here is the fact that since the 1983 revision of the Dutch Constitution, the state has been required to take measures to promote the health of the population. In the memorandum *Public Health Policy with Limited Means*, the broad constitutional obligation was further specified as follows: “[government policy] should be directly or indirectly focused on the promotion, maintenance or restoration of public health, as well as on the maintenance and increase, if possible, of the independence of the individual in case of chronic disease or handicap, and finally on the relief of pain” (PLM, 1983:5).

2.2. Definition power

2.2.1. The waning of the medical paradigm

Until 1983, the dominant strategy to improve the status of public health was the organisation of an effective and financially viable health care system. The dominance of this medical paradigm on public health was abandoned in the 1983 *Public Health Policy with Limited Means* memorandum and 1986 *Development of Public Health Policy* memorandum. Even though health care remained an important element in the entire repertoire of health interventions, the curative ideal became less attractive as a strategy to further improve the status of public health.

Structural societal developments had led to the development of a new type of disease, for which a curative approach alone had proven ineffective: “The development into an industrialised society has had far-reaching consequences for the nature of the problems which confront public health policy. The economic transformation from physical to non-physical labour and the increased possibilities for consumption has stimulated lifestyles which bear obvious health risks. The effects of these lifestyles, such as overconsumption and lack of physical exercise, are manifest in important categories of disease. The relation between these risks and human behaviour serves as a point of departure for a preventive policy aimed at promoting and preserving health” (PLM, 1983:9; cf. MDP, 1986:13-16).

With the emergence of lifestyle diseases, illness was no longer merely perceived as a medical issue, but also as a social and behavioural issue. For example, while people had far more leisure time now than ever before, they failed to use this to compensate for the lack of physical exercise caused by the increase of non-

³⁸⁰ In Dutch: *Alcohol en Samenleving*; TK 1985-1986, 19243/1-3. References to quotations in the text are abbreviated as ‘AS, 1985’, followed by the page number.

³⁸¹ In Dutch: *Preventie Hart- en Vaatziekten*; TK 1987-1988, 20259/1-2. References to quotations in the text are abbreviated as ‘PCD, 1987’, followed by the page number.

³⁸² In Dutch: *Werken aan zorgvernieuwing*; TK 1989-1990, 21545/1-2. References to quotations in the text are abbreviated as ‘WHR, 1990’, followed by the page number.

physical labour (MDP, 1986:38). Lifestyle diseases are a product of prosperous societies, whereas previous threats to public health were to a large extent related to poverty. During this period, cardiovascular diseases emerged as the most important cause of death, followed by cancer (MDP, 1986:78).

These diseases do not lend themselves easily to cure. According to the government, this was why the status of public health showed very little improvement, and differences in health status among groups and geographical areas persisted: "In the previous period, a situation of decreasing added value of the health care system for the status of public health took place almost unnoticed. An expanding supply [of health care], unhealthy environmental factors and unhealthy lifestyles have had a direct effect on the demand for health care. We now have to realise that investing more financial means in health care will no longer increase the status of public health" (MDP, 1986:225).³⁸³

2.2.2. The paradigm shift from disease to health

The notion of disease is by definition central to the curative ideal. The aversion of disease was also emphasised in existing preventive policies in the form of health protection. However, the government's aforementioned analysis of lifestyle diseases led to a shift beyond the notion of disease, as the notion of 'health' took centre stage in the *Development of Public Health Policy* memorandum (MDP, 1986:21).

The health paradigm implied more than the absence of disease. It also contributed to the ambition "to attain a level of health for all citizens [...] by the year 2000 which will enable them to lead a socially and economically productive life" (MDP, 1986:17). What may at first have seem a semantic distinction is, upon closer inspection, a broadening of the government's scope: a general concern for the "quality of life" emerged as a result of the aim for full participation of all citizens in society, unhindered by physical or mental health problems (MDP, 1986:47).³⁸⁴

³⁸³ Other more traditional state tasks in health protection were reassessed in the light of societal developments as well. For instance, the rise of sexually transmitted diseases required an adequate response in the realm of infectious diseases (MDP, 1986:119), the growth of global airline traffic increased the chances of 'foreign' contagious diseases entering The Netherlands (MDP, 1986:123), the widespread and socially accepted use of cannabis in The Netherlands required attention from a medical point of view (MDP, 1986:167), and newly developed vaccines provided new opportunities for health protection (MDP, 1986:123).

³⁸⁴ Government outlined the paradigm shift along four arguments in its *Memorandum on the Development of Public Health Policy*: 1) improving the health status of the population and several population groups in particular, 2) the practical necessity to anticipate on future developments, 3) the shift in focus from 'life expectancy' to 'quality of life', and 4) meeting the demands of the World Health Organisation to develop public health policy (MDP, 1986:5-6).

Contrary to disease, which is a certain abnormal physical or mental state more or less clearly defined by medical profession and by government in the conditions for claims to health care insurance,³⁸⁵ health, when understood as a state of full physical, mental and societal wellbeing, is by definition an unbounded concept. Hence, the Dutch government called the focus on health an “all-embracing way of thinking” (MDP, 1986:307).

The health paradigm and the prevention perspective are tightly related. First of all, both aim to avert disease. Also, prevention is not necessarily limited to disease. Instead, prevention can be applied to the notion of health as well: if health refers to a certain quality of life, then prevention focuses on averting threats to this quality. Therefore not only was averting disease the core of the new prevention perspective, but also averting threats to a healthy life in general.

2.2.3. The determinants of health

The second important transformation in public health policy, besides the paradigm shift from disease to health, was the surge of interest in endogenous health threats. Whereas previous preventive policies – under the name of ‘health protection’ – had been limited to exogenous threats beyond the control of individual citizens, the expansion of the preventive scope to include endogenous threats gave rise to policy attention for citizen behaviour and lifestyles.

The 1986 *Memorandum on the Development of Public Health Policy* presented a general framework for analysing the various factors that determine the status of public health. Five “determinants of health” (MDP, 1986:17-18)³⁸⁶ were distinguished:

- Exogenous societal factors, such as cultural, economic and social developments. Interventions in this realm included the prevention of industrial accidents, improvement of working conditions, policies with regard to unemployment and disability, and the stimulation of a good social network and family life (MDP, 1986:30-40; 132).

³⁸⁵ This definition of disease is, however, arbitrary. First, there is the unsolvable question of what exactly makes a mental or physical condition ‘normal’. And furthermore, new medical or societal developments can lead to the development and discovery of new diseases (such as cardiovascular diseases in affluent societies or the rise of repetitive strain injuries (RSI) as a result of contemporary working conditions). For the purpose of this research, however, it is sufficient to state that diseases can be more or less specifically described and officially acknowledged. This applies to a far lesser extent to health status.

³⁸⁶ Besides these determinants of health, the general status of public health also depends on demographical developments such as ageing and population growth (MDP, 1986:21). Furthermore, not every citizen is affected by these determinants in the same way. In fact, government observed a persistent difference in the status of health among various socio-economic groups (MDP, 1986:199).

- Exogenous natural-physical factors, such as living environment and natural-physical environment. Interventions in this realm included regulations on soil and air pollution, protection of the biological balance in nature, purification of drinking water, and the protection of food safety (MDP, 1986:26-28).
- The aggregate of activities in the health care system. While a properly functioning health care system contributed to the status of public health, this was understood by the government as being merely one of the five determinants of health (MDP, 1986:17-18).
- Endogenous biological and genetic factors. Interventions in this realm included early detection of diseases and (congenital or hereditary) physical defects, as well as early interventions following detection – especially towards population groups with an increased risk (MDP, 1986:23-24; 55).
- Endogenous lifestyle factors, such as nutritional, drinking and smoking habits, as well as ways in which individuals deal with mental stress. Interventions in this realm dealt with “[...] decisions which influence an individual’s health and are more or less within the control of an individual” (MDP, 1986:44). More specific, possible interventions aim to reduce “[r]isky habits such as smoking, excessive drinking, unhealthy eating habits and unsafe behaviour [...]” (MDP, 1986:62).

The attention to determinants of health flowed from of several developments. First, it followed from government’s ambition to structurally develop preventive policies. Four of the five determinants identified called for proactive rather than reactive state action – only the existence of a health care system referred to the curative ideal. And second, the determinants expressed the broad focus of government’s newly developed health paradigm. A commitment to improve the quality of life implied more than protection against external health threats alone.

Within these five different determinants, strong emphasis was placed on endogenous lifestyle factors, since these were the main determinants of non-communicable diseases such as cardiovascular diseases and cancer. The focal point of public health policy became “the relation between behaviour (lifestyle) and disease” (PLM, 1983:6). The basic policy assumption was that improvement of public health could be achieved through the promotion of healthy living habits and the prevention of avoidable health risks (PLM, 1983:8).

2.2.4. From protection to emancipation

A logical result of the focus on endogenous determinants of health was the government emphasis on what individual citizens themselves could do to improve their health. Previously, in the period between 1966 and 1982, government em-

phasis on individual responsibility related to self-care and bearing the consequences of behaviour choices. Now, in the light of the explosive rise in lifestyle diseases, this shifted to an emphasis on the relation between individual behaviour and collective problems. The focus on health protection against external threats was complemented by a preoccupation with everyday decisions concerning nutrition, drinking, smoking and physical exercise, which are “within the control of individuals” (MDP, 1986:356). Citizens were no longer merely passive victims of disease, but could also take active part in the prevention of health threats.

In this light, government reassessed its responsibility with regard to health promotion. To some extent, this newly developed responsibility still presumed some form of victimhood of individual citizens – this time, not in the form of external threats, but in the form of economical and social contexts and circumstances. Government did “[...] not want to suggest that the responsibility for health risks following from risky behaviour can be *automatically* attributed to the individuals involved. Opting for healthy or risky behaviour is often not a free choice. High standards are set for our functioning in a complex society: in the workplace, in family contexts, at school, in social life et cetera. How we spend our available time is to a large extent preconditioned. [...] Often, there is only a very limited possibility to change an individual’s living environment. [...] Behaviour, including healthy behaviour, cannot be seen apart from its societal context. For instance, smoking, the use of alcohol or physical exercise are part of and an expression of a way of life, which is to a considerable degree determined by social contacts [...]” (PLM, 1983:9). In short: “[...] health is determined by life circumstances and the individual’s available possibilities to improve health. The responsibility for health cannot be automatically individualised” (PLM, 1983:9).

Endogenous lifestyle factors are in principle within the control of individual citizens, but the social context acts to limit the opportunities for an actual behaviour change. The recognition of these limitations was also the justification for the expansion of state activities. As individual behaviour had been found to cause health threats, and had, moreover, proven hard to change, the logical conclusion was that government could not leave citizens to their own fate: “[Public health policy] does not affect an individual’s responsibility for his own health or the mutual support among citizens, but should on the contrary make an appeal to enlarging individual responsibility” (MDP, 1986:309).

Government responsibility must walk a thin line between creating dependency of citizens on the state and shifting all responsibility to society (MDP, 1986:310). This thin line is called emancipation: “The lifestyle approach not only uses an epidemiological model, in which the nature and severity of health-threatening behaviour determines the reaction by public services, but [...] an

emancipatory model, in which people are stimulated to make conscious decisions with regard to their health [...]” (MDP, 1986:46-47). A more conscious and well-informed citizen is presumed to make different lifestyle decisions and to resist or compensate societal tendencies towards unhealthy behaviour.

Since vulnerability was an important argument for the expansion of state activities, special attention went out to the protection of vulnerable population groups. For instance, the protection of non-smokers justified a ban on smoking in public buildings (MDP, 1986:173). Another example was the increased effort to reduce alcohol use among adolescents: “The primacy of personal responsibility [for one’s health] cannot be absolute. There are vulnerable groups and risky situations in our society. Especially amongst adolescents, the strong increase in alcohol consumption is cause for concern: not just because of the immediate risks and problems, but also because of long-term negative consequences for public health” (AS, 1985:19).

2.2.5. The politicisation of lifestyle

As a consequence of the focus on the endogenous determinants of health, lifestyle decisions were no longer a private matter, but a political one: “The success in the control of infectious diseases and the rapid technological developments in medical science have led many to the conviction that a cure can be found for every disease. Partly because of these high expectations with regard to health care, the importance of individual responsibility for health has met with little response among the population” (MDP, 1986:63).

As a result of this ‘politicisation of lifestyle’, government proposed to expand the range of its activities:³⁸⁷ “Up to now, government policy in the realm of public health has had the following accents: the financing system [...], granting subsidies and setting quality standards, especially for professions and education. Although several initiatives arose during the past decade, the purely content-

³⁸⁷ Whereas the state expanded its activities in prevention, it simultaneously moved away from central planning in the realm of health care. Government anticipated the introduction of market mechanisms in health care during the 1990s: “State planning activities are directed too much at control, standardisation and procedures and too little at solving concrete problems. They are too administration-centred” (MDP, 1986:308).

Interestingly enough, government framed cutbacks in health care services partly as a move towards prevention. The health care system was based on a curative ideal, but should also be understood as a means to make people less dependent on the state: “Health care should not lead to a state of unnecessary dependency. Nor should the promotion of independency result in leaving people in need to their own fate” (PLM, 1983:6). More specifically, government strove for “a shift from curative to preventive services, from clinical to polyclinic care, from hospitals and institutions to general practitioners” (PLM, 1983:6). This shift was to a large extent inspired by the necessity to cut back on welfare state expenditures – as the title of the 1983 *Public Health Policy with Limited Means* memorandum already more or less gave away.

related objectives fell outside the scope of government. [...] This trend [of more specific public health objectives] in policy making needs to be strengthened" (MDP, 1986:309).

While public authorities were responsible for informing citizens about the possible consequences of their behaviour, citizens and private organisations were also called upon to act in accordance to government's policy ambitions: "Not just the authorities, but also – and sometimes, mainly – citizens, health care organisations and insurance companies need to make public health ambitions their own" (WHR, 1990:5). Instead of management (of the health care system) or regulation (in terms of health protection), the government aimed to intervene more actively in society to improve the status of public health.³⁸⁸

2.3. Intervention power

2.3.1. Anticipation, intervention, coordination

The paradigm shift from disease to health, together with the focus on both endogenous and exogenous sources of disease, led to transformations in the organisation of state interventions. The implementation of preventive ambitions required a different strategy than the organisation of health care services or the protection against exogenous health threats. Three organisational principles stood out in public health policy from 1983 onwards: a strengthening of the state's anticipatory capacities, a strengthening of the state's interventionist capacities, and a strengthening of the state's coordinative capacities.

First, preventive policies are by definition future-oriented – they deal with phenomena that are not (yet) present. Moreover, a specific characteristic of public health is that interventions only tend to have an effect in the long run. A memorandum published in 1986 noted that even if everyone were to quit smoking today, the effect on the status of public health would only be visible years many years hence (MDP, 1986:101). Furthermore, the longer interventions on future health threats are postponed, the more difficult and costly measures to avert or alter these threats become.

Hence, a logical consequence of preventive ambitions was "the strengthening of the anticipatory capacity" (MDP, 1986: 314). Early indications of societal trends in citizen behaviour or in development of diseases were recognised as important preconditions for a preventive approach: "As soon as risks are known and

³⁸⁸ However, government made it clear that there were limits to the range of state interventions: "It would be erroneous to think that an all-embracing way of thinking, which is a characteristic of public health policy, more or less automatically leads to an all-embracing policy" (MDP, 1986:307).

traceable, they are in principle open to intervention" (PMH, 1984:20). The government aimed to increase the state's anticipatory capacity by means of "a) more specific collection of data on mortality indicators and the size of certain patterns of disease, on the status of public health in specific geographical regions and on specific societal groups; b) research on long term developments in health care; and c) drawing up regional and local 'health plans'" (MDP, 1986:315). Specific activities included research on risk factors for cardiovascular diseases, the evaluation of preventive measures, the detailed registration of patient data (for instance on relevant risk factors), and population screening for cardiovascular diseases, nutritional habits and the identification of risk groups (PCD, 1987:36-47).

Prevention of disease and health threats also required an interventionist capacity. A characteristic of the health care and health protection strategies previously employed was that state activities remained at a certain distance from actual societal processes. After all, a health care system is a compensation mechanism for disease, but does not, as a rule, intervene in the causes of disease. By contrast, the envisioned prevention of endogenous health threats necessarily implied influencing societal processes. Prevention is explicitly goal-oriented and action-oriented: it is not the execution of a certain 'task', but the realisation of societal effects through concrete interventions.

Characteristic of such an approach is a pragmatic attitude. Interventions were to have realistic goals and obvious effects. In other words, "[...] there should be no long and difficult chains of causality between the causes and the relevant situation or behaviour. The statement that 'everything is interconnected' may be correct from a certain philosophical viewpoint, but is irrelevant for a practical health policy" (MDP, 1986:309). This goal-oriented policy was interested in 'what works', which, in practice, could take different forms, such as research to develop new interventions that could have a "substantial effect" (MDP, 1986:90) or evaluation of interventions to analyse their effect on lifestyles: "did an anti-smoking campaign have any effect?" (WHR, 1990:9).

An example of the efforts to strengthen the state's interventionist capacity and to intervene in societal processes was the government's ambition to organise interventions "nearby" citizens (WHR, 1990:11). An important role in the implementation of prevention was assigned to the local authorities. At the local level, low-threshold activities and services could be organised and coordination between various activities realised (WHR, 1990:8). More specifically, Municipal Health Services were seen as crucial in the organisation of prevention: "An impor-

tant ambition is the realisation of a networked system³⁸⁹ of municipal health services" (MDP, 1986:300).

A third organisational principle underlying the government's preventive ambitions was the strengthening of the state's coordinative capacities. Underlying the health paradigm and the five determinants of health was a form of "all-embracing thinking" (MDP, 1986:307). From a preventive perspective, it is logical to develop an approach that covered as many health risks as possible. Consequently, the government's approach to endogenous lifestyle factors consisted of "a combination of measures such as health information and education, measures directed at societal relations (such as an advertisement ban on certain goods), reducing the availability of certain goods, control of food, price policy, et cetera, et cetera" (MDP, 1986:46). No single measure was presumed to be effective enough to influence societal processes. Instead, a comprehensive set of measures was deployed, ranging from financial incentives and information campaigns to legislation and regulation.

Only in a coordinated constellation was it possible for multiple instruments and interventions to help government realise its policy objectives. Health 'facets' in other, adjacent policy fields were identified as a means to elucidate the comprehensive scope and the coordination between measures: "Facet policy is policy dealing with the health components or dimensions in the policies of other policy terrains than that of the Ministry of Health" (MDP, 1986:216). This organisational strategy implied cooperation between policy departments, both on a national and on a local level (MDP, 1986:12): "Possible issues are environmental policy, security policy (on various areas: urban planning, traffic, housing, labour), measures which influence the lifestyle of citizens (limiting drinking milieus, limiting advertisements, positive recreational policy, promoting sports activities) and very general policy terrains: general economic policy, employment policy and labour conditions policy" (MDP, 1986:218).

2.3.2. Education, regulation, detection

The paradigm shift from disease to health and the accompanying emphasis on prevention also led to the development of a specific intervention repertoire. Three instruments or techniques are discussed in the following. First, the emancipation of citizens was promoted by means of health information and education about healthy lifestyles. Second, regulatory techniques were deployed to complement the efforts of rational persuasion. And third, early detection of health risks

³⁸⁹ The literal translation of 'networked system' is 'closed net' (in Dutch: 'sluitend net').

through monitoring and screening of the population enabled early intervention in both individual cases and societal developments.

Of these three techniques, “health information and education” was the most prominent (PLM, 1983:11) and a direct consequence of the aforementioned ‘politicisation of lifestyle’: “In times when society was predominantly confronted with diseases which made little individual prevention possible (contagious diseases, lack of proper nutrition or diseases following from poverty), the emphasis on [health information and education] was less important than in the case of diseases of affluence. The development of this type of disease is to a large extent determined by individual behaviour. The necessary influence on behaviour is pursued through health information, with an emphasis on training and education of the individual and special attention for the relation between (physical and mental) health and social context and living environment” (MDP, 1986:37).

The main objective was to inform the public about the health consequences of lifestyles and modern life in general: “The objective of health information and education is to make visible the negative influences of [industrialisation, automated production processes, urbanisation and an increased number of consumptive possibilities] on a person’s lifestyle, and to motivate people to consciously change their behaviour, with as goal to counteract or ease the harmful effects on health” (PLM, 1983:11). Underlying this objective was a specific image of rational choice. The government presumed that citizens would change their behaviour if made aware of the negative consequences of unhealthy lifestyles – as if it were a utilitarian trade-off between pain and pleasure. Moreover, the government presumed a very specific conception of rational behaviour: healthy behaviour was perceived as the rational mode of action for individual citizens.

Concrete activities included anti-smoking campaigns (MDP, 1986:101) and alcohol information (MDP, 1986:152). In both cases, campaigns were developed for the general public and for specific target groups, such as adolescents and pregnant women. The educational system and the mass media were the two most important channels of communication for the government (PLM, 1983:12). Primary schools were obliged by law to provide health education (MDP, 1986:171), and health care and public health professionals, in particular general practitioners, were also assigned an important role in providing health information (PLM, 1983:12).

As a complement to the efforts of rational persuasion, the government introduced several regulatory techniques. Unlike health information, regulation did not presume rational choice. Instead, regulation served as a “supportive” technique (PLM, 1983:13), which acted as a safety net in case education failed to achieve the de-

sired effect. As citizens were perceived to be vulnerable and susceptible to health threats in their social environment (such as non-physical labour and deeply socially engrained habits of smoking), regulatory disincentives³⁹⁰ were deemed a necessary element in preventive policies. For government, “[...] regulation and education are in line with each other” (PLM, 1983:12). Both formed part of a “mixed approach” to endogenous health threats (MDP, 1986:46).

Specific regulatory interventions included limitations on the sale of alcohol to adolescents or the use of tobacco. In the case of alcohol, government proposed to change the then current Licensing and Catering Act to make it possible to put in place a more stringent approach to alcohol use, including “[...] a more efficient licensing system, a legal framework for municipal bylaws, house rules for the sale and use of alcohol in the sports and cultural sector, a ban on radio and television commercials for alcohol [...], a ban on the sale of alcohol in football stadiums and petrol stations, [and] earlier closing times for pubs, sport canteens and cultural organisations [...]”. Furthermore, the instrument of raising alcohol excises can play a role in the alcohol moderation policy” (MDP, 1986:153). Although citizens were, to a large extent, still left free to continue smoking or drinking, a combination of education and regulation was used to convince, or at least urge, them not to do so.

A third technique was tightly related to the aforementioned strengthening of the anticipatory capacities of the state. After all, the early detection of risks is an expression of the prevention perspective par excellence, as well as of the relation between prevention and the curative ideal. Risk detection through population screening makes medical intervention possible in a stage when a disease is still treatable and, consequently, severe disease or even death is still preventable.

The focal point was, in this case, risk groups, such as citizens with an increased chance of cardiovascular diseases or cancer (MDP, 1986:83), or pregnant women, in order to identify hereditary or birth defects in a prenatal stage (MDP, 1986:183). Besides early detection of individual cases, screening also served as a means to gather information on more general developments in public health and on the identification of risk groups (MDP, 1986:315; 331).

³⁹⁰ Government did not consider imposing a general ban on unhealthy products such as tobacco or alcohol. Government opted to persuade citizens to voluntarily give up unhealthy life styles through a set of disincentives. A probable explanation was the likely lack of support or compliance from the general public for a general ban on products, the use of which was widespread throughout society. Crucial to the choice of intervention was the notion that “there should be a sufficient level of political and societal support for public health interventions” (MDP, 1986:309).

2.3.3. Lifestyle interventions: eating, smoking and drinking

Three important risk factors for lifestyles diseases were identified: high blood pressure, tobacco use and high cholesterol (PCD, 1987:5). As a logical consequence of government emphasis on endogenous determinants of health, the causes of these risks were taken as the object of preventive interventions: eating, smoking and drinking – activities which constitute to a large extent the daily lives and habits of the population (PCD, 1987:6).³⁹¹

Nutritional habits were important, as a normal body weight was known to be important to personal health (NP, 1983:58). The number of smokers was also to be further³⁹² reduced since “smoking is the most avoidable cause of disease and mortality in western societies” (WHR, 1990:10). And alcohol abuse was associated with a broad range of societal issues, such as psychological problems, family issues, absenteeism, pregnancy complications, early mortality, drunk driving (despite legal regulations since 1974), and issues of crime and public order such as aggression and vandalism, which had increased considerably in number since the 1960’s (MDP, 1986:152; AS, 1985:5; 13-18).

With regard to nutrition, the government proposed several interventions to alter eating habits: “The two core elements of nutrition policy are the promotion of a sensible diet, and measures to secure a proper food supply and safe food products” (NP, 1983:5). This ‘sensible choice’ was, however, to remain a free choice for every citizen. The government was reluctant to introduce financial measures or forms of regulation to influence food choice and nutritional habits (NP, 1983:7-8; 66-68).³⁹³ Instead, the promotion of healthy nutritional habits was pursued through a “transfer of knowledge” (NP, 1983:7). The government relied (to a large extent) on the persuasiveness of scientific arguments and the rational choice of citizens.

³⁹¹ Beside these ‘new’ spearheads of public health policy, government remained responsible for a broad domain of health protection, including vaccination programmes and public hygiene, and regulation of the quality of medicines, food, drinking water and the living environment: “This is realised through a set of regulations on safety prescriptions for food and consumer goods. Furthermore, the protection of the consumer against external harmful influences such as radiation or toxic substances is part of the domain of health protection” (WHR, 1990:12; cf. SPS, 1984). These health protection measures were by and large directed at the physical-natural (such as environmental pollution and dangerous substances) and the societal determinants of health (such as work place and consumer product safety) (MDP, 1986:26-28; 30-39; SPS, 1984:10).

³⁹² Even though the percentage of male smokers of 15 years and older had decreased from 90% in 1958 to 43% in 1985 (PCD, 1987:12).

³⁹³ For instance, labelling of products by food producers to inform the public about a product’s ingredients and nutritional value was promoted, but not made mandatory (NP, 1983:69-70). And in the realm of advertising, only a very moderate regulation was proposed for commercial activities regarding alcohol and tobacco (NP, 1983:70).

Education and information activities included “[...] consumer information in general, education in schools, as well as stimulating companies to include nutritional aspects in their production, advertising and labelling of products” (NP, 1983:7). Citizens were approached through mass-information campaigns (NP, 1983:73) and campaigns aimed at specific ‘risk groups’, such as the elderly, minimum wage earners, ethnic minorities (NP, 1983:11-12) and adolescents, whose “poor nutritional habits need to be corrected as early as possible to prevent problems at a later age” (NP, 1983:64). Furthermore, the number of dieticians at municipal health services was to be increased (NP, 1983:73), and the government examined possibilities for establishing a national centre for nutrition to realise a coordinated effort towards nutritional habits (WHR, 1990:10).

Information and education was also the dominant strategy with regard to tobacco use. Information campaigns and warning signs on the packaging of tobacco products formed the core of the government’s preventive strategy. Regulation served as a complementary strategy, for instance by limiting the number of selling points for tobacco products and limiting the number of tobacco commercials aimed at adolescents (PLM, 1983:16; MDP, 1986:170; PCD, 1987:36-47).

What distinguishes tobacco use from poor nutritional habits is the effect smoking has on other people (non-smokers). Similar to alcohol abuse, smoking is not merely an individual matter; it also directly affects the lives of other citizens. Hence, it was “electoral pressure by non-smokers objecting to the damaging effects of second-hand smoking” (MDP, 1986:173) that led government to introduce more regulation against smoking than with regard to nutrition. An example was the proposed ban on smoking in public buildings (PLM, 1983:16).

The approach to alcohol abuse largely followed a similar strategy as the tobacco disincentives policy: “the more alcohol consumption among a population, the more problems occur, while a lower consumption decreases problems. [...] [This] indicates the necessity of a broad preventive approach in alcohol policy. A moderation of alcohol consumption is a must” (AS, 1985:13). Adolescents, in particular, a population group more susceptible to the negative health influences of alcohol, showed worrying numbers of excessive alcohol consumption (AS, 1985:10). In terms of actual interventions, “a comprehensive set of four different policy instruments” was proposed (AS, 1985:19):³⁹⁴

³⁹⁴ Another possible strategy is influencing the price of alcohol through excises and taxation. However, government chooses not to use this instrument (yet) and relies to a large extent on strategies of information and persuasion (AS, 1985:60).

- Interventions on the demand-side of the market, such as information campaigns on the dangers of drunk driving, educational programmes on healthy lifestyles at schools, and the promotion of healthy behaviour by youth care workers, general practitioners, teachers, street workers and other professionals: “by pointing out the consequences of excessive alcohol use and the benefits of moderate alcohol use, the citizen will be motivated to drink less and drink differently. Responsible drinking should have a positive image. The eventual objective is a behavioural change: promoting moderate alcohol consumption” (AS, 1985:27-28).
- Prevention through health care services, which included proper health care for alcohol addicts, plus a broader awareness and early detection by welfare workers and general practitioners. Early interventions were deemed necessary to prevent further damage or addiction (AS, 1985:30; 36).
- Strict regulation for the distribution of beer, wine and spirits, specifically aimed at preventing excessive alcohol use among adolescents. Government proposed a strict enforcement of the Licensing and Catering Act, as well as amendments to the then current legislation to further restrict the distribution of alcohol (including a ban on the sale of alcohol at petrol stations, regulation of opening times of bars, a stricter licensing system, and limitations on alcohol commercials on television, on aggressive sales methods and on free samples) (AS, 1985:41-58).
- Increased research on alcohol problems, in order to gain insight into the nature and size of alcohol problems, risk factors and risk groups, as well as on the effectiveness of policy measures. Research can “[...] contribute to the development of preventive policies” (AS, 1985:68).

Besides these three preventive policy spearheads, government also drew attention to the importance of physical exercise and (organised) sporting activities in preventing health problems (PLM, 1983:13-14), pointing out that physical exercise was part of a healthy lifestyle, just as proper nutrition, a moderate use of alcohol and non-smoking were. Lack of exercise was a “risk factor” for cardiovascular diseases (ASP, 1984:10). Government applied a provision-oriented strategy, directed at increasing the number and the accessibility of sports facilities (e.g. ASP, 1984:11). Furthermore, information campaigns were to be specifically designed for relatively inactive population groups, such as women, minority groups and adolescents (ASP, 1984:12; 18).

2.3.4. The healthy citizen as object of interventions

A core characteristic of every preventive policy, then, as now, is an interest in people who have not (yet) shown problematic behaviour – whether in the field of crime policy, where early detection of family problems enables the identification of adolescents at risk, or in the field of public health, where a focus on healthy instead of sick people enables interventions in a stage when irreparable damage can still be prevented. While health care is concerned with the ill, public health policy is concerned with the healthy. Hence, not the hospital population, but the entire population became relevant for health policy: “The realisation that health is more than the mere absence of disease has led to a shift in public health policy to the healthy individual, and the possibilities to promote health as much as possible” (PLM, 1983:8).

Citizens with an increased chance of becoming ill as a result of their unhealthy behaviour were especially of interest. Socio-economic status was identified as an important indicator for health differences between men and women, between people living in cities and in the countryside, between single and married people, between immigrants and natives (MDP, 1986:199): “It is well known that people from the lower social classes on average live more unhealthily (specifically with regard to diet and smoking)” (MDP, 1986:48). Cultural minorities were especially overrepresented in the lower social-economic strata, where unemployment, poor housing conditions and discrimination impact on health (MDP, 1986:197). Therefore, specific health information programmes for cultural minorities were developed (MDP, 1986:198).

For reasons other than socio-economic status, children and adolescents formed another target group. They were, by definition, an important focal point of preventive strategies: “A preventive policy aimed at lifestyle change is most effective when it can be started at an early age” (MDP, 1986:57). Specific interventions were required and effective, especially since adolescence “[...] is the age at which people take independent decisions for the first time in their life, also with regard to such lifestyle activities as smoking, traffic behaviour, use of contraceptives, et cetera” (MDP, 1986:61).

2.4. *Synopsis*

Until 1983, protection of citizens against exogenous health threats formed the core of government’s preventive policy. Even though this task was expanded as a result of new threats in a rapidly modernising society – characterised by an increase of traffic, industry, population, air and soil pollution, food products and medicines – the scope was explicitly limited to phenomena outside the sphere of influence of individual citizens. Moreover, the dominant strategy to further im-

prove the status of public health was the organisation of a proper health care system.

Between 1983 and 1990, two important discontinuities in comparison to the previous period could be discerned in government's definition power: the *rise of the health paradigm* and the emphasis on *endogenous lifestyle factors*. Both were triggered by the emergence of diseases of affluence, such as cardiovascular diseases and several forms of cancer. Whereas public health problems in the past were (partly) correlated with poverty, contemporary problems were correlated with an increase in wealth – such as the dominance of non-physical labour and the availability of unhealthy (amounts of) nutrition.

In the face of diseases of affluence, little improvement in the status of public health could be expected from further investments in the health care system. Instead of a focus on disease and cure, therefore, the focus shifted to health and prevention. The health paradigm broadened the range of state interventions to every possible positive or negative influence on a person's quality of life: "health is not merely the absence of disease [...], but a state of socially determined physical and mental wellbeing" (PHM, 1966:10). This paradigmatic transformation implied the introduction of an "all-embracing way of thinking" (MDP, 1986:307) to realise the objective of full participation of all citizens in society, unhindered by physical or mental health problems (MDP, 1986:47).

The health paradigm and the prevention perspective were closely related. Besides the shared ambition to avert disease, prevention could also be applied to the notion of health. As such, prevention was not merely concerned with averting disease, but more broadly with averting threats to the quality of life in general. Health was defined as a state of full physical, mental and societal wellbeing. Prevention, then, could be understood as the aversion of all identified threats to a healthy life.

Exemplary of this conceptual affinity between health and prevention was the government's introduction of five determinants of health as an analytical framework for public health policy. Next to the familiar exogenous factors and the influence of a proper health care system, endogenous health threats were also identified. More specifically, endogenous lifestyle factors, such as habits concerning nutrition, drinking and smoking, were recognised as contributing, to a large extent, to the development of lifestyle diseases. Unlike prevention in the form of protection against exogenous threats, a focus on endogenous health threats required prevention in the form of *health promotion*.

In the case of health protection, the role of the state was limited to health threats beyond the control of individual citizens, while a focus on endogenous health factors which lie within the sphere of influence of citizens required a new

demarcation between citizen and state responsibility. On the one hand, the government still held citizens primarily responsible for their own health. On the other hand, the societal context often limited the practical opportunities for citizens to lead a healthy lifestyle. For example, in an economy largely characterised by non-physical labour, and with deeply engrained social habits of smoking and drinking, individual citizens could find it extremely difficult to change their behaviour.

Following this argument, government proposed an *emancipatory approach* to health promotion: using health information and education to support citizens in making the rational, healthy choice. Even though this emancipatory approach was characterised by a sense of restraint with regard to actively influencing lifestyle choices, it implied a distinct expansion of the range of state activities. Henceforth, lifestyle decisions were no longer a private, but a political matter, as well. In other words, health promotion marked the *politicisation of lifestyle*.

The paradigm shift from disease to health and the focus on endogenous instead of merely exogenous sources of disease also 'produced' several significant transformations in the state's intervention power. First of all, the change and expansion of the preventive ambitions led to the introduction of three organisational principles in the implementation of these ambitions. A strengthening of the state's *anticipatory capacities* served the preventive objective of identifying risks and detecting undesirable developments in the status of public health. A strengthening of the state's *interventionist capacities* served the preventive objective of actively influencing societal processes, instead of merely organising health care services or regulating exogenous threats. And a strengthening of the state's *coordinative capacities* served the preventive objective of covering a broad range of potential risks and organising comprehensive sets of measures.

Second, three strategies or techniques were specifically introduced to realise the prevention of disease and health threats. The heart of health promotion was formed by health *education* – the strategy of rational persuasion of citizens by means of information campaigns, health education at schools and advice by general practitioners. However, *regulation*, such as limitations on the sale and use of tobacco, was adopted as a complementary strategy, intended to provide support to citizens and especially adolescents in making the rational choice with regard to health. Citizens were left free to continue their unhealthy lifestyles, but the combination of education and regulation aimed either to convince or urge them not to do so. Finally, the strategy of early *detection* of health risks through monitoring and screening of the population enabled early intervention in both individual cases and societal developments.

In the third and final place, the focus on endogenous determinants of health led to a focus on the most important risk factors for lifestyle diseases: high

blood pressure, smoking and high cholesterol. *Eating, smoking and drinking* habits – important causes of these factors – were activities which were deeply engrained in the daily lives of citizens and were now identified as important objects of intervention. Moreover, the paradigm shift from disease to health also turned the *healthy citizen* into an object of intervention: “The realisation that health is more than the mere absence of disease has led to a shift in public health policy to the healthy individual, and the possibilities to promote health as much as possible” (PLM, 1983:8). Specific interest was directed at citizens at a heightened risk of developing lifestyle diseases, such as those in the lower socio-economic strata, as well as adolescents, who are especially susceptible to the temptations of unhealthy lifestyles.

PART 3: IMPROVING THE QUALITY OF LIFE (1991-2002)

3.1. Introduction

Whereas the period between 1983 and 1990 was marked by several discontinuities in public health policy, such as the paradigm shift from disease to health and the emphasis on endogenous determinants of health, the following period, from 1991 to 2002, was characterised by the continuation of policy objectives and approaches. There was no ‘frame setting’ memorandum in this period, the way the 1966 *Public Health Memorandum* and the 1986 *Memorandum on the Development of Public Health Policy* had presented the general outlines of government policy for years to come.

The period between 1991 and 2002 saw the development of structural attention to prevention: “In practice, the emphasis on the determinants of health implies strengthening prevention (including facet policy), since this makes it possible to influence the natural-physical environment, the social environment and lifestyles” (HP, 1991:10). The 1992 memorandum *Prevention for Public Health*³⁹⁵ marked the start of a series of letters to Parliament, reports and evaluations, as well as more substantial outlines for expanding and refining the preventive approach to health threats. New parliamentary papers have been added to this dossier³⁹⁶ ever since.

Two characteristics stood out during this period in the development of preventive health policy. First, the health paradigm was further conceptualised and, as a result, the scope of preventive policies was expanded. A more explicit focus to the broad notion of ‘health’ was introduced from 1991 onwards: improving the quality of life. An important incentive for this was the emergence of chronic diseases – or more precise: non-communicable diseases, such as cardiovascular diseases. Next to averting disease (primary prevention) and the early detection of disease (secondary prevention), the health paradigm also implied the prevention of disease progression (tertiary prevention). If no cure was possible and full prevention had proved unsuccessful, attention was directed at reducing the negative impact of the established disease, and of disease-related complications, on an individual’s wellbeing. This represented “a shift in emphasis from ‘cure’ to ‘care’” (PHP, 1991:2).

³⁹⁵ In Dutch: *Preventie voor de volksgezondheid*; TK 1992-1993, 22894/1. References to quotations in the text are abbreviated as ‘PPH, 1992’, followed by the page number.

³⁹⁶ At the time of writing (late December 2011), the last entry was on 30-12-2011 under number 22894/308. A 1997 letter to Parliament in this dossier is discussed in the following as well: TK 1996-1997, 22894/13. References to quotations in the text are abbreviated as ‘PPH, 1997’, followed by the page number.

A second characteristic of the development in preventive policies was the government focus on concrete interventions and implementation. The policy memoranda published between 1991 and 2002 contained no extensive analyses of the current status of public health. Instead, an orientation on action and effectiveness prevailed. By 1990, the government had included an 'action programme' in its memorandum *Working on Health Care Renewal* to sum up the various interventions, plans, taskforces and programmes to be introduced over the following years (WHR, 1990:5). From 1991 onward, Dutch public health policy showed "[...] a strong increase in the interest in prevention and in practical activities" (PPH, 1992:3). As a consequence of this interventionist attitude, more detailed interventions were developed (for instance towards risk groups) and a concern for dilemmas in the organisation and implementation of prevention emerged.

Besides the memorandum mentioned above, the present discussion of Dutch public health policy in the period between 1991 and 2002 is based on the following memoranda: *Health Policy 1992*³⁹⁷ published in 1991, *Public Health Policy 1995-1998*³⁹⁸ (1995), *Tobacco Disincentives Policy*³⁹⁹ (1996), *Action Programme Prevention Policy*⁴⁰⁰ (1997), *Education Support and Development Stimulation*⁴⁰¹ and *Nutrition and Health*,⁴⁰² both of which appeared in 1998, *Public Health Care*⁴⁰³ (1999) and its short 2000 follow-up,⁴⁰⁴ *Alcohol Policy*⁴⁰⁵ (2000), and *Sports, Exercise and Health* (2001).⁴⁰⁶

³⁹⁷ In Dutch: *Gezondheidsbeleid 1992*; TK 1991-1992, 22459/1-2. References to quotations in the text are abbreviated as 'HP, 1991', followed by the page number.

³⁹⁸ In Dutch: *Volksgezondheidsbeleid 1995-1998*; TK 1994-1995, 24126/1-2. References to quotations in the text are abbreviated as 'PHP, 1995', followed by the page number.

³⁹⁹ In Dutch: *Tabaksontmoedigingsbeleid*; TK 1995-1996, 24743/1. References to quotations in the text are abbreviated as 'TDP, 1996', followed by the page number.

⁴⁰⁰ In Dutch: *Actieprogramma Preventiebeleid*; TK 1996-1997, 22894/14. References to quotations in the text are abbreviated as 'APPP, 1997', followed by the page number.

⁴⁰¹ In Dutch: *Opvoedingsondersteuning en Ontwikkelingsstimulering*; TK 1997-1998, 25980/1. References to quotations in the text are abbreviated as 'ESDS, 1998', followed by the page number.

⁴⁰² In Dutch: *Relatie Voeding en Gezondheid*; TK 1998-1999, 26229/1-2. References to quotations in the text are abbreviated as 'NH, 1998', followed by the page number.

⁴⁰³ In Dutch: *Openbare Gezondheidszorg*; TK 1998-1999, 26598/1. References to quotations in the text are abbreviated as 'PHC, 1999', followed by the page number.

⁴⁰⁴ TK 1999-2000, 26598/2. References to quotations in the text are abbreviated as 'PHC, 2000', followed by the page number.

⁴⁰⁵ In Dutch: *Alcoholbeleid*; TK 2000-2001, 27565/1-2. References to quotations in the text are abbreviated as 'AP, 2000', followed by the page number.

⁴⁰⁶ In Dutch: *Sport, Bewegen en Gezondheid*; TK 2000-2001, 27841/1-2. References to quotations in the text are abbreviated as 'SEH, 2001', followed by the page number.

3.2. Definition power

3.2.1. Prevention and the quality of life

From 1991 onwards, the 'quality of life' became the central theme in public health policy (HP, 1991:12; 15-16). This implied "[...] an effort to enable as many people as possible to remain in good health and participate in society as long as possible" (PHP, 1995:5). Thus understood, 'quality of life' became a logical element of the health paradigm. From the outset, therefore, health was viewed during this period as "more than the mere absence of disease", and was the focus on "the healthy individual and the possibilities to promote this health as much as possible" (PLM, 1983:8). Health and disease were no longer mutually exclusive categories in the face of non-communicable diseases: instead of a black-and-white perspective, government applied the notion of health as a dynamic status of physical and mental wellbeing that could improve or decline.

A focus on the 'quality of life' also implied a further refinement of the preventive approach to public health: "A good preventive policy can improve the quality of life" (PPH, 1992:3). Whereas primary and secondary prevention deal with interventions to prevent disease and to detect early signs of disease, tertiary prevention aimed to prevent further health loss when a disease has already been established. Prevention comes in many forms: "Improvement in public health is the result of deliberate interventions of preventive or curative nature aimed at: avoiding premature disease or death, improvement of the individually experienced quality of life, or the prevention, reduction or postponement of a dependency of care" (PPH, 1992:5). In terms of a focus on 'the quality of life', prevention at this time was focused on 'avoidable health loss' (HP, 1991:2).⁴⁰⁷

The active promotion of the quality of life implied some sort of understanding of what 'quality' was taken to comprise. Even though the definitions in the various policy memoranda remained vague at best, the government described the value of a socially and economically productive life: "Prevention, care and cure not only contribute to more independence, a longer life and increased vitality; they also reduce absenteeism as a result of disease and stimulate economic activity, employment and social cohesion" (PHP, 1995:6).

⁴⁰⁷ However, the health paradigm has the potential for an even broader approach to health and related issues. According to government, health is tightly related to social and economic participation, a broad social network, and a proper education (PHP, 1995:7-8). There is a "[...] direct relation – especially in the realm of prevention – between social cohesion, safety and security, social participation and health" (PHP, 1995:19). As a result of this broadened perspective, previously separate policy fields are now perceived as highly interrelated: "Cabinet policy for the improvement of social cohesion and security may also have a positive effect on the reduction of the threat [of alcohol related delinquency] for health and wellbeing" (PHP, 1995:13).

The justification for this specific notion of 'quality of life' was based on the construction of a convergence between individual and collective interests. According to government, a healthy population "[...] serves the individual and the collective cause. Improving health and preventing disease are investments in 'human capital'; they enhance a socially and economically productive life" (PPH, 1992:5). In line with the aforementioned 'politicisation of lifestyle', a more specific understanding of 'quality of life' led to a more specific understanding of appropriate citizen behaviour, which subsequently found expression in the political definition of collective and individual interests.

The notion of 'quality of life' covered three distinct government ambitions. First, it alluded to the idea of 'lifestyle' as the most important determinant of health for contemporary public health policy. Again, as in the previous period, individual habits such as smoking, drinking, eating and (lack of) physical exercise were taken as objects of intervention. The government set out "[...] a number of priorities in the realm of prevention: discouraging tobacco use, improving nutrition, stimulating healthy physical exercise, increasing safety in the private domain, at work and on the streets" (PHP, 1995:4). Alcohol moderation, tobacco regulation, information on healthy nutrition and promotion of physical exercise were among government's priorities (HP, 1991:30-34; PHP, 1995:23-24).

Second, the notion of 'quality of life' covered the approach to differences in health and health risks between various population groups: "The improvement in the status of public health is not evenly spread over the population" (HP, 1991:2). In general, people in the lower socio-economic strata (and especially migrant groups) and people with a lower level of educational attainment were found to have an increased risk of developing health problems (PHP, 1995:12): "A large number of health problems (long term disease, severe physical restrictions, health complaints) occurs roughly twice as much in groups with a lower level of education compared to more highly educated groups" (PHP, 1995:11). The focus on specific target groups was a logical consequence of the striving to prevent avoidable health loss, since it implied a focus on citizens who were most at risk. The focus on health differences in the population was also an expression of the value of equality: all citizens should be equally able to participate in society and lead healthy lives.

And third, the focus on 'the quality of life' was especially relevant for those suffering from non-communicable diseases, such as cardiovascular diseases, respiratory afflictions, rheumatism and diabetes. Given the twin challenges of an ageing population and of the rise in lifestyle diseases, both cure and prevention of disease had their limitations: "In health policy, the emphasis will be placed on non-communicable diseases and diseases which are common in the elderly. As a

consequence, a gradual shift in policy and care towards preservation and improvement of the quality of life is desirable for this category of patients" (HP, 1991:2). Preserving a certain quality of life and preventing the progression of disease in those already affected came to be seen as the highest attainable goal (MDP, 1986:125-128). The permanent use of medication and screening were crucial elements in this approach (MDP, 1986:130; cf. WHR, 1990:14).

3.2.2. Purposeful and prudent

The emphasis on 'quality of life' was not only an extension and refinement of the health paradigm, it also signalled a new, action-oriented approach to health issues. As outlined above, health promotion aimed to intervene in societal processes instead of merely providing a form of protection against external threats or care as a reaction to disease. Prevention in terms of health promotion implied purposeful action. However, a new repertoire of organisations and interventions dedicated to the prevention of avoidable health loss could not be built overnight. Hence, strong emphasis was placed on "[...] concrete implementation and realisation" (PPH, 1992:9) from 1991 onward.

Since the *Memorandum on the Development of Public Health Policy* appeared in 1986, various new activities had been developed to promote public health, such as screening programmes for several forms of cancer (including breast cancer and cervical cancer), an expanded range of preventive activities in the care for addicts, a national vaccination programme, new and stricter legislation on tobacco products, an alcohol moderation policy, several large national information campaigns on AIDS and alcohol abuse, and the establishment of The Netherlands School of Public Health (PPH, 1992:8).⁴⁰⁸

⁴⁰⁸ The implementation of these and other activities was to a large extent a task for the municipal authorities. Since 1989, the Collective Prevention Public Health Act (in Dutch: 'Wet Collectieve Preventie Volksgezondheid') has determined the responsibilities of local authorities for the promotion of public health, which are mainly carried out by a national network of municipal health services.

However, "[t]he fact that preventive policies call for more consistency and coherence, and that preventive practices do not fit the scheme of individually insurable risks, justifies a permanent and monitoring function for national government" (PPH, 1992:16). This included setting priorities for preventive policies, allocating adequate financial means, developing national research programmes, realising and maintaining an adequate organisation of preventive services, formulating legislation as an ethical and legal basis for prevention, promoting the effectiveness and quality of preventive measures, protecting the population against health threats, stimulating interdepartmental and international co-operation, and establishing regulatory authorities (PPH, 1997:3-4; cf. PHC, 1999:11-15; HP, 1991:7). Furthermore, four-yearly local health plans are introduced to professionalise and structure local public health activities (PHC, 2000:6).

Effectiveness was the most important criterion in the development of this new intervention repertoire. This expansion of state responsibilities was carried out with judicious care. Even though no strict demarcations between state and citizen responsibility were mentioned, the government combined the expansion of its activities with a sense of caution: there were several “considerations which remind us to be prudent” (PPH, 1992:5).

There was a certain limit to state responsibility: “[...] there should be a proper balance between the things a citizen can do with regard to his responsibility for his own health, and the things which belong to the responsibility of societal organisations, health care professionals and public authorities” (PPH, 1992:3). Although the government refrained from elaborating on this principle, it was well aware that at the very least a certain restraint was required: “Since the personal freedom of the citizen with regard to his own lifestyle represents an important value in modern society, preventive measures related to lifestyles should be dealt with very cautiously” (PPH, 1992:6). Since prevention was often a form of ‘unsolicited care’, implementation of preventive measures needed to be held against high standards of legality, ethics, societal acceptance and efficiency (PPH, 1992:5; cf. PHP, 1995:21).

Furthermore, prevention was not a panacea for all problems related to public health, and in fact, could even create new ones. For instance, in some cases, prevention could prove cost-ineffective in the long run: “improved living conditions and health care services have prevented disease and death at an early age, but [have also] led to prolonged diseases and physical limitations at an elderly age” (PHP, 1995:20). In other words: “prevention will only occasionally make health care services cheaper, certainly not in the long run” (PHP, 1995:20). Hence, “[...] prevention is justified not by possible savings, but by the improvement in health and wellbeing” (PHP, 1995:20).

3.3. Intervention power

3.3.1. Three organisational principles for a new intervention repertoire

As a result of the focus on the “[...] concrete implementation and realisation” (PPH, 1992:9) of preventive interventions, policy memoranda from 1991 onward dealt extensively with the organisational principles and organisational dilemmas of prevention. In the following, three strategies for the organisational design of the new intervention repertoire are discussed. The first was the strategy of decentralised implementation, which enabled interventions in citizens’ behaviour and social context. The second, cooperation and coordination, enabled the development of the mixed approaches necessary for realising behavioural change. And the third, intervening at an early phase and a persistent manner, characterised the

approach towards risk groups. While these three principles echo the aforementioned discussion of the strengthening of interventionist, coordinative and anticipatory state capacities in the period between 1983 and 1990, they are representative of a far more purposeful preventive approach.

The first organising principle used for the construction of a preventive intervention repertoire is the principle of proximity. The establishment of public health services, the monitoring of the population and the implementation of preventive programmes was presumed to be the most effective when organised in the direct living environment of those concerned: “The local authorities are the authorities nearest to many people. Problems are also felt most directly at this level, and, moreover, local authorities are able to relate with other policy areas relevant for the general wellbeing of citizens in specific local circumstances” (PPH, 1997:3).

As discussed earlier, the Collective Prevention Public Health Act of 1989 explicitly formulated the tasks of the municipal health services. These included vaccination programmes, development of preventive programmes tailored to local problems, promotion of public hygiene, organisation of the care for youth, elderly, disabled people, addicts or other people in need of support (PPH, 1997:2; 4; cf. PHC, 1999:8), and were carried out via the national network of municipal health organisations that had been put in place (PHC, 2000:2).

The second organising principle of prevention that can be distinguished is the principle of coordination. Improvements in public health can be achieved through interventions in many other policy domains besides that of health: “when the limits of health care are in sight, it becomes obvious that much improvement of public health can be achieved outside the realm of health care. Therefore, [...] we aim to give a new impulse to facet or inter-sectoral policy” (HP, 1991:3). A preventive approach towards avoidable health loss expands government’s scope to health aspects in all domains of policymaking.

For instance, health risks in the workplace, such as stress and physical load, were tackled by both the State Secretary of Health and the Minister of Social Affairs in the form of (among other things) model projects for stress prevention, a national ‘stress monitor’, prevention of burnouts, prevention of aggression and violence, and stricter enforcement of the Working Conditions Act (PPH, 1992:18). Another example of inter-sectoral policymaking was the cooperation between the Ministries of Health and Transport to reduce noise and air pollution (PPH, 1992:19-20).

The principle of coordination was also evident at the level of policy implementation. During this period, health promotion was increasingly organised through comprehensive and mixed approaches. Different strategies and tech-

niques were combined for an optimum effect on citizen behaviour. For instance, the efforts to reduce the number of adolescent smokers included information campaigns, strict enforcement of the smoking ban in public buildings, self-regulation of advertising activities by the tobacco industry, a ban on the sale of tobacco to children under the age of 18, support for people who want to quit smoking, and a tobacco excise increase (TDP, 1996:2-9).

The third identifiable organising principle of prevention is the principle of timeliness or the ambition to intervene before unavoidable harm has occurred. Clearly, it was not enough merely to create equal access to health care services and municipal health services. The groups at risk, such as adolescents, homeless people and cultural minorities, tended not to ask for care or support, even though they might be the ones who need it the most: "In principle, health care facilities are equally accessible for cultural minorities as they are for native Dutchmen. [...] However, judged by the need for care, the active use tends to lag behind" (HP, 1991:24).

Merely creating proper care services and offering health information will not suffice to reach the most vulnerable groups in society: "The people who stand most in need of education and stimulation in their development, where the risks for the children and society are the biggest, appear to be the most difficult to reach by care services" (ESDS, 1998:9). Not everybody in need of help will seek help. Some could even be described as "care avoiders"⁴⁰⁹ (ISP, 1999:38).

Given these considerations, the government aimed to improve the identification of risk groups (ESDS, 1998:13) and develop "outreach methods" to proactively offer support to citizens at risk (ESDS, 1998:16). Early detection would enable early intervention. Hence the need for a "[...] proper system of early detection, referral and coordination to prevent children and their parents from ending up between a rock and a hard place" (ESDS, 1998:6). Schools, well baby clinics and nurseries were considered to be best equipped to detect problems in an early stage, since they operated in close proximity to children and provided services to the vast majority of all Dutch parents (ESDS, 1998:8).

3.3.2. The repertoire of lifestyle interventions

Under the motto "avoidable health loss" (e.g. WHR, 1990:10; HP, 1991:2) the government focused on the habits and lifestyles that were open for improvement. Eating, smoking, drinking and physical exercise became the spearheads of government's behavioural approach (APPP, 1997). The causal scheme between endogenous lifestyle factors and public health problems, developed in 1986, still

⁴⁰⁹ In Dutch: 'zorgmijders'.

served as the basis for preventive policies at this time. However, while rational persuasion was the dominant strategy between 1983 and 1990, a distinct increase in regulatory strategies was seen from 1991 onward.

Explicit financial and regulatory disincentives were developed, especially in the realm of smoking and drinking. These included the introduction of age limits, a stricter enforcement of existing regulations and increase of excises. By contrast, the approach to nutrition and physical exercise was characterised by the use of positive incentives as a complementary technique to information and education. In general, lifestyle interventions were justified by government as means to improve “the match between the importance people attach to their health and their actual individual [...] behaviour” (NH, 1998:20).

The government proposed an intensification of the alcohol moderation policy, since “[...] alcohol related problems have become a social phenomenon which threatens public health and calls for a broad range of measures” (HP, 1991:30). After a slight decrease in the 1980s, the consumption of alcohol began to climb again during the 1990s. Several measures were developed to control the negative influences of alcohol abuse in family life (violent behaviour, divorce), at work (absenteeism), in traffic (drunk driving) and during nights out (aggressive behaviour). Two target groups – adolescents and “(former) problem drinkers” – were especially relevant in this respect (AP, 2000:2; 8-10).

Measures and interventions included centrally coordinated alcohol information activities and campaigns, education through school television and teaching material, and specific regional and local prevention projects (HP, 1991:33). Also, government convinced the alcohol industry to agree to self-imposed restrictions on their advertising activities and, in some cases, to use educational slogans in their advertising (HP, 1991:34). Government further proposed to raise the beer excise tax, to lower the maximum alcohol level for motorists, and a stricter enforcement of the Licensing and Catering Act (such as the obligation for vendors to verify the age limit of 16, more severe and effective sanctioning, increased police surveillance on nights out, and expanded authority for mayors to close down bars that violate the Licensing and Catering Act) (AP, 2000:14-57).

Targeting tobacco use, government proposed the implementation of a set of disincentives (e.g. HP, 1991:50) to prevent adolescents from smoking, to stimulate more people to quit smoking, and to protect non-smokers against passive smoking (TDP, 1996:2). In particular, prevention directed at adolescents had top priority (TDP, 1996:2). Like in the case of alcohol, government opted for a long term strategy of disincentives and prevention, instead of a complete legal ban: both

smoking and drinking were (still) widely socially accepted activities and many people earned their living in the tobacco industry or in catering (AS, 1985).

Policy instruments included mass information campaigns directed at adolescents, self-regulation by the tobacco industry to limit the advertising activities directed at adolescents, stricter enforcement of the legal smoking ban in public buildings, introduction of an age limit of 18 for the sale of tobacco, and a tobacco excise increase. Furthermore, government planned further regulation if self-regulation by the tobacco industry proved ineffective, such as stricter advertising limitations and a ban on smoking in trains, post offices, banks, et cetera (TDP, 1996:2-9).

The approach to unhealthy eating habits was characterised by 'positive' incentives, in contrast to the disincentive-dominated approaches to smoking and drinking. However, the problem of unhealthy eating was not taken lightly, as the increase in cardiovascular disease is strongly related to the rise in overweight and obesity: "Obesity is a clear risk factor for a number of life-threatening diseases" (NH, 1998:11). Obesity was especially a growing concern among target groups such as adolescents, elderly, and people in the lower socio-economic strata and ethnic minorities. On average, people ate too much: too much fat, too much salt, and not enough vegetables and fruit (PHP, 1995:23-24).

Government continued its efforts to stimulate a healthy lifestyle and a food pattern along the lines of a science-based 'guideline on proper nutrition'. A varied set of measures was proposed, which included the labelling of food products which fit within a healthy lifestyle (PHP, 1995:23-24), information campaigns on healthy food, the promotion of healthy food in school canteens, research into nutritional habits and effective measures to influence behaviour, and consultations with food producers and vendors to adapt their supply to societal demand for healthy products (NH, 1998:5).

Finally, government aimed to promote physical exercise to counteract the "exercise failure" in all segments of society (SEH, 2001:2). Lack of physical exercise was second only to smoking as the largest risk factor for premature death and the development of various diseases, such as cardiovascular diseases, diabetes, depression, osteoporosis and several forms of cancer, leading to considerable health care costs and lack of economical activity (SEH, 2001:2). Structural societal and economical changes in modes of transportation, in non-physical labour and automation largely banished physical exercise from daily activities: "For many people, physical exercise no longer appears to be a necessity, but has become a voluntary and deliberate *choice*" (SEH, 2001:2). And it is exactly this choice which government aimed to influence: "Sufficient exercise is in principle a citizen's free choice;

nobody can coerce him. But government can support and stimulate citizens to make the choice for an active lifestyle” (SEH, 2001:4).

In general, government aimed to once again make physical exercise an integrated part of daily life. The proposed set of interventions included information campaigns and the organisation of a national ‘action week’ (including free health tests and exercise advice) to increase the awareness of the public of the importance of physical exercise. Sporting activities at schools and the use of bicycles for daily transport were promoted, ‘community based interventions’ to stimulate sports at the neighbourhood level were introduced, built-up environments were to be designed to make physical exercise more attractive (such as creating safe cycle paths and more sports facilities in parks), and experiments were developed to integrate sports into after-school care (such as creating after-school or homework facilities at sports clubs, or stimulating sports clubs and neighbourhood organisations to use a school’s sports facilities) (SEH, 2001:25-26; 29-34).⁴¹⁰

3.3.3. The identification of risk groups

As in the years before, the entire (healthy) population is the object of interventions – after all, everybody is subject to the determinants of health (although not everybody to the same extent or in the same way). Measures such as the reduction of the availability of tobacco products (PHP, 1995:23), the introduction of labels on food products to inform the public (PHP, 1995:24), and information on the dangers of drunk driving (PHP, 1995:24-25) are examples of interventions which are directed at the entire population.

However, many of the interventions proposed from 1991 onwards were targeted at specific risk groups – citizens, who for some reason were more susceptible to the negative determinants of health or who had already been more highly affected. As mentioned in the above, the identification of target groups was a logical consequence of the objective to prevent avoidable health loss, since it implied a focus on the citizens most at risk. Especially “[w]orrying is the increasing number of adolescents with an unhealthy lifestyle” (QS, 1997) and the fact that “[t]he improvement of the status of public health is not evenly spread over the population” (HP, 1991:2). Aside from adolescents in general, the lifestyles of population groups in the lower socio-economic strata were also cause for concern (PHP, 1995:12).

In terms of specific interventions, differentiated information campaigns for specific groups (HP, 1991:21) were launched, as were population screening

⁴¹⁰ Monitoring of the population to gain insight in local exercise patterns and societal trends to develop specific interventions or campaigns was complementary to these and other measures. Therefore, government invested in an “exercise monitor” (SEH, 2001:26; 34-35) and in further research to understand why people do or do not exercise (SEH, 2001:18).

programmes, such as for cervical cancer, in which hard-to-reach groups received extra attention (HP, 1991:21). Lastly, several groups of adolescents – especially cultural minorities (HP, 1991:26) – who were beyond the reach of youth care facilities were identified, for whom additional “outreach” activities by municipal health services were required (HP, 1991:13).⁴¹¹

3.4. Synopsis

The period between 1991 and 2002 largely constituted the *consolidation and refinement* of the analyses and ambitions sketched out between 1983 and 1990. Prevention became a structural element of public health policy: policy memoranda on prevention were published on a regular basis from 1992 onwards, the health paradigm was further specified in the notion of ‘quality of life’, and government invested in the construction of a new preventive intervention repertoire.

In line with the aforementioned ‘politicisation of lifestyle’, government viewed the refinement of its preventive activities as both in the public interest and in the individual interests of citizens. The justification for increased lifestyle interventions lay in *the construction of a convergence between individual and collective interests*: “[...] a socially and economically productive life” (PPH, 1992:5). However, even though no strict demarcations between state and citizen responsibility were formulated, government combined its expansion of purposeful action with an explicit sense of caution and *prudence* when it came to intervening in citizen behaviour.

In terms of definition power, the notion of the *quality of life* was introduced as the missing link between the absence of disease and the possibility of cure. In a perfect world, diseases could either be fully prevented or be fully cured. In the reality of modern society, non-communicable lifestyle diseases are in most instances not fully preventable or curable. However, a policy aimed at enabling full social and economical participation of citizens had also to take into account the quality of life

⁴¹¹ The actual approach to health differences was explicitly broader than a mere prevention of illnesses and a typical example of inter-sectoral policymaking: “People without a job often have a lower socio-economic status and, associated with this, more unhealthy living habits and circumstances, more health complaints, more demand for health care provisions and a shorter life expectancy. Increasing economic participation can therefore have a positive effect to break the vicious circle of being unemployed and having health problems” (PHP, 1995:8).

As a result of the interrelatedness between health, living conditions, unemployment, educational level and insecurity, a preventive policy should include the efforts of a broad range of fields, such as public health policy, education policy, welfare policy and labour market policy. Specific target groups included cultural minorities, but also several groups of adolescents that face multiple problems, such as “[...] learning and behavioural problems, school arrears, dropping out of school, unemployment and crime. We especially have parents and children from certain ethnic minorities in mind” (ESDS, 1998:3).

of citizens suffering from non-communicable diseases or at risk of developing such a disease in the future.

In this context, the distinction between 'health' and 'disease' became blurred; instead of being viewed as mutually exclusive categories, the government now referred to *health loss*. Between full prevention and cure of disease, care emerged as an expansion of the preventive approach to health. Tertiary prevention, aimed at preventing disease progression, took its place next to primary and secondary prevention (that dealt with interventions to prevent disease and detect early signs of disease).

The further conceptual refinement of prevention was complemented by an emphasis on the construction of an intervention repertoire. Government set out to convert the ambitions from the mid-1980s into actual measures and interventions. The pragmatic and action-oriented nature of many policy memoranda between 1991 and 2002 corresponded with the idea that health promotion required *purposeful action* in actual societal processes, in contrast to the earlier view that public health policy consisted of providing a form of protection against external threats or care in case of disease.

A new repertoire of organisations and interventions dedicated to the prevention of avoidable health loss was not built overnight. The construction of this intervention repertoire was the focal point of public health policy between 1991 and 2002. Three *organisational principles* can be distinguished, that echoed the strengthening of interventionist, coordinative and anticipatory state capacities in the period between 1983 and 1990. Now, however, a more purposeful preventive approach was shaped.

First, the *principle of proximity* can be distinguished, which principally aimed to organise interventions in citizens' direct living environments. This serves prevention, not only because low-threshold neighbourhood services make an effective approach to local health issues possible, but also because lifestyle interventions benefit from direct interactions between citizens and public professionals. Personalised advice and support, population screening and monitoring of developments in the status of public health were therefore organised at the municipal level.

Second, a *principle of coordination* can be mentioned, which followed from the broad range of health aspects in other policy domains and from the objective to intervene in actual societal processes. The health paradigm implied a form of all-embracing thinking: all relevant facets for prevention were to be taken into account. Prevention transcended the boundaries of health policy: the relations between, for instance, health policy and crime policies (alcohol abuse), labour policies (workplace safety), welfare policies (youth care) and spatial planning

(design of the built-up environment) were the objects of 'facet policy'. Furthermore, coordination was also necessary in the implementation of lifestyle interventions: behavioural change was pursued by means of mixed approaches of health information, regulation, law enforcement, personal support and financial disincentives. No single measure was deemed effective enough to realise behavioural change.

The third principle, the *principle of timeliness*, dealt with the early detection of problems and subsequent early interventions – before unavoidable harm has occurred. The principle was specifically used for the approach towards risk groups, such as adolescents, people in the lower socio-economic strata and cultural minorities. Risk groups were often difficult to reach through normal health services: many were reluctant to ask for care and made no use of regular municipal services. Therefore, government emphasised the need for identification of risk citizens, reaching out to 'care avoiders', and monitoring developments in the status of public health.

The actual intervention repertoire was based on the outline developed in the years between 1983 and 1990. The causal scheme between endogenous lifestyle factors and public health problems still served as the basis for preventive policies, but now, next to the strategy of rational persuasion, regulatory strategies were developed to realise behavioural change. In particular, the approaches to smoking and alcohol abuse were characterised by *disincentives*: age limits, strict enforcement of legislation and excise increases served as complementary instruments to mass campaigns and target group information.

By contrast, the approach to the problems of unhealthy eating habits and lack of physical exercise was characterised by positive *incentives*, such as the labelling of food products which fit within a healthy lifestyle, promoting healthy food at school canteens, developing information campaigns on healthy food and proper physical exercise, promoting sports activities at schools, creating safe cycle paths, and expanding sports facilities.

In more general terms, this development marks a transition from an emancipatory to an interventionist strategy. In the former strategy, government relied on providing rational information and left the actual decisions to citizens themselves. In the latter strategy, government extends its role to incentivising citizens to make a specific type of decision. Whereas emancipation aims to provide citizens with tools to make conscious decisions, an interventionist strategy implicitly decides for citizens what the most favourable course of action is.

PART 4: A HEALTHY LIFE AND THE MANAGEMENT OF CHOICE (2003-2011)

4.1. Introduction

The period between 1991 and 2002 saw the refinement of the health paradigm and the subsequent expansion of preventive health policy. Next to primary prevention to stimulate a healthy lifestyle of the entire population, and secondary prevention targeted at specific at-risk groups, the government increasingly focused on tertiary prevention for people already affected by a non-communicable disease.

Implicit in the development of preventive activities focused on endogenous health threats, such as tobacco use, alcohol abuse, an unhealthy diet and lack of physical exercise, was the blurring of the boundaries between state responsibility on the one hand, and citizens' responsibility for their own health, on the other. Prevention efforts directed at endogenous health threats called for purposeful action to alter citizen behaviour. Unlike the government's former policy of providing health protection against exogenous health threats beyond the control of individual citizens – which was the nature of preventive policies up to 1983 – the focus on lifestyle and behaviour lacked clearly defined boundaries to mark where exactly this own responsibility began and ended.

Between 1983 and 1990, government strategy consisted by and large of providing the appropriate health information to enable citizens to make a rational choice with regard to their lifestyle. Between 1991 and 2002, more regulatory measures were introduced as a complementary strategy to health information. The government was aware that this directly affected citizens' lifestyle choices, but, other than calling for prudence and caution to be applied, it took no further steps to define the bounds of health promotion by the state.

From 2003 onwards, citizen responsibility became the focal point of all preventive health policy. Citizens were no longer viewed as passive victims of disease, but as active contributors to their own health and thereby to the status of public health. However, they failed to 'automatically' behave according to health norms. Until 1983, this choice had been explicitly left to the individual citizen. From 1983 onwards, however, the 'ignorant citizen' became the focal point of health promotion until around 1990: unhealthy behaviour was held to be the result of the dearth of proper information on the consequences of unhealthy behaviour. Based on the model of the rational citizen and on the idea that healthy behaviour equals rational behaviour, the emphasis of the government was placed on health education and information.

However, citizens may be well informed and still behave in an unhealthy way. Rational persuasion can fail on two accounts: either people lack the will-power to change their behaviour, even though they know it is unhealthy, or they

do not share government's conception of rational behaviour. In other words: citizens may be either 'incapable' or 'unwilling' to change their behaviour. Both types were the focus of public health policy from 2003 onwards. The government's justification for interventions no longer relied only on the model of the 'ignorant but rational citizen', but was also derived from the idea that many citizens require behavioural incentives and disincentives to change their unhealthy lifestyle.

Citizens were to be made responsible for their own health – not in the sense that they were expected to bear the negative consequences of their unhealthy lifestyle decisions, but in the sense that they were to be made aware that they were responsible for choosing to live a healthy life. If they failed to 'take' this responsibility automatically, state incentives and disincentives would be employed to persuade them to. The responsibility for the promotion of health was presented as a form of benevolence: citizens required support in making healthy decisions in a society where non-physical labour had become the norm, fast food was available on every street corner, and motorised traffic had banished physical exercise from daily life. What the government had noted earlier, in 1986, became the basic justification for state interventions from 2003 onwards: "it often seems that society makes unhealthy behaviour easy and healthy behaviour difficult" (MDP, 1986:208).

In the analysis of Dutch public health policy in the period from 2003 onward, the following memoranda are discussed: *Living Longer in Good Health: Also a Question of Healthy Behaviour*,⁴¹² published in 2003, *Operation Young*⁴¹³ (2004) and two accompanying letters on implementation issues,⁴¹⁴ *Alcohol Policy*⁴¹⁵ (2005) and its follow-up in 2007,⁴¹⁶ the 2005 *Covenant on Obesity*⁴¹⁷ as well as the accompanying action plan, *Balanced Energy*⁴¹⁸ and its follow-up in 2009 *Healthy Weight Covenant*

⁴¹² In Dutch: *Langer Gezond Leven: Ook een Kwestie van Gezond Gedrag*; TK 2003-2004, 22894/20. References to quotations in the text are abbreviated as 'LLGH, 2003', followed by the page number.

⁴¹³ In Dutch: *Operatie Jong*; TK 2003-2004, 29284/1. References to quotations in the text are abbreviated as 'OY, 2004', followed by the page number.

⁴¹⁴ TK 2004-2005, 29284/5 and TK 2005-2006, 29284/16.

⁴¹⁵ In Dutch: *Voortgang Alcoholbeleid*; TK 2004-2005, 27565/29. References to quotations in the text are abbreviated as 'AP, 2005', followed by the page number.

⁴¹⁶ TK 2007-2008, 27565/35. References to quotations in the text are abbreviated as 'AP, 2007', followed by the page number.

⁴¹⁷ In Dutch: *Convenant Overgewicht*; TK 2004-2005, 22894/51. References to quotations in the text are abbreviated as 'CO, 2005', followed by the page number.

⁴¹⁸ In Dutch: *Energie in Balans*; TK 2005-2006, 22894/70. References to quotations in the text are abbreviated as 'BE, 2005', followed by the page number.

2010-2014,⁴¹⁹ *National Programme Tobacco Disincentives 2006-2010*⁴²⁰ (2006), 2006's *Choosing a Healthy Life*,⁴²¹ *Every Chance for Every Child*⁴²² (2007), *Being Healthy, Staying Healthy*⁴²³ (2007), *Healthy Nutrition*⁴²⁴ and *Socio-Economic Health Differences*,⁴²⁵ both from 2008, *Obesity Memorandum*⁴²⁶ (2009), and, published in 2011, *Health Nearby*.⁴²⁷

4.2. Definition power

4.2.1. Preventing decline

During this period, endogenous determinants of health still formed the core of government's problem definition: "In the past, health risks were external, nowadays there are also many risks which people, mostly unintentionally, create themselves" (BHSH, 2007b:10). Despite previous policy efforts, lifestyle factors continued to be responsible for an increase in non-communicable diseases, such as diabetes and depression (LLGH, 2003:16-17). Furthermore, the status of public

⁴¹⁹ In Dutch: *Convenant Gezond Gewicht 2010-2014*; TK 2009-2010, 31899/15. References to quotations in the text are abbreviated as 'CHW, 2009', followed by the page number.

⁴²⁰ In Dutch: *Nationaal Programma Tabaksontmoediging 2006-2010*; TK 2005-2006, 22894/78. References to quotations in the text are abbreviated as 'NPTD, 2006', followed by the page number.

⁴²¹ In Dutch: *Kiezen voor een Gezond Leven*; TK 2006-2007, 22894/110. References to quotations in the text are abbreviated as 'CHL, 2006a', followed by the page number. The memorandum is sent to Parliament as a letter from the Minister of Health, with a supplementary memorandum, downloadable from the Ministry's website. The memorandum *Choosing for a Healthy Life* was found at <http://www.rijksoverheid.nl/documenten-en-publicaties/publicaties-pb51/preventienota-kiezen-voor-gezond-leven.html> (consulted d.d. 21-10-2010). References to quotations in the text are abbreviated as 'CHL, 2006b', followed by the page number.

⁴²² In Dutch: *Alle Kansen voor Alle Kinderen*; TK 2006-2007, 31001/5. References to quotations in the text are abbreviated as 'ECEC, 2007', followed by the page number.

⁴²³ In Dutch: *Gezond zijn, gezond blijven*; TK 2007-2008, 22894/134. References to quotations in the text are abbreviated as 'BHSH, 2007a', followed by the page number. The memorandum is sent to Parliament as a letter from the Minister of Health, with a supplementary memorandum, downloadable from the Ministry's website. The memorandum *Being Healthy, Staying Healthy* was found at <http://www.rijksoverheid.nl/documenten-en-publicaties/publicaties-pb51/gezond-zijn-gezond-blijven.html> (consulted d.d. 21-10-2010). References to quotations in the text are abbreviated as 'BHSH, 2007b', followed by the page number.

⁴²⁴ In Dutch: *Gezonde Voeding*; TK 2007-2008, 31532/1. References to quotations in the text are abbreviated as 'HN, 2008', followed by the page number.

⁴²⁵ In Dutch: *Aanpak sociaaleconomische gezondheidsverschillen*; TK 2008-2009, 22894/209. References to quotations in the text are abbreviated as 'SEHD, 2008', followed by the page number.

⁴²⁶ In Dutch: *Nota Overgewicht*; TK 2008-2009, 31899/1. References to quotations in the text are abbreviated as 'OM, 2009', followed by the page number.

⁴²⁷ In Dutch: *Gezondheid Dichtbij*; TK 2010-2011, 32793/1-2. References to quotations in the text are abbreviated as 'HNB, 2011', followed by the page number.

health in general was waning as a result of unhealthy habits: “A strong effort to realise healthy behaviour is necessary because the status of Dutch public health is worsening as a result of smoking, alcohol abuse and obesity” (CHL, 2006a:1). Improving public health had become “a matter of healthy behaviour” (LLGH, 2003:2).

The standard of public health in The Netherlands was by no means poor. There was simply a lot of room for improvement: “Life expectancy continues to rise in The Netherlands. [...] However, The Netherlands does not live healthily enough. People do not live as long as they could and are sick more often than necessary” (LLGH, 2003:1). The following findings topped the list of unhealthy behaviours (LLGH, 2003:2):

- “One in three people smokes
- Nine out of ten people eat too much saturated fat
- Three quarters of the population do not eat enough fruit and vegetables
- More than half the population does not get enough not exercise
- Half of all men and a third of all women is overweight
- The number of sexually transmitted diseases is rising, as is the number of abortions among teenagers”

Moreover, government concern was focussed less on the current public health status, and more on certain trends in citizen behaviour that could cause serious problems in the future. Already, the status of Dutch public health was merely average, as compared to other European countries (LLGH, 2003:1). And further decline looked to be in store, especially in view of the unhealthy behaviour engaged in by Dutch adolescents (LLGH, 2003:14-15):

- “Nearly half of all adolescents between 15 and 19 smokes
- Nine out of ten adolescents do not eat enough fruit and vegetables
- Half of the adolescents between 13 and 17 [...] does not get enough exercise
- Fourteen percent of the boys and seven percent of the girls drinks too much”

In short, the government aimed to prevent a decline in the status of public health. In more quantifiable terms, the government’s main objectives were 1) to increase disability-free life expectancy, and 2) to reduce the number of avoidable health deficits (LLGH, 2003:10). It was not that the current situation was giving cause for concern; the aim was to avert an undesirable scenario through a strategy directed

at the structural causes:⁴²⁸ “Only a focused approach to the most important sources of disease can turn this development around” (LLGH, 2003:1). A scenario (or ‘trend’) is the basis for government’s problem definition. To take a not (yet) present reality as a problem definition is an expression of a preventive perspective *par excellence*: act now to prevent future problems.

4.2.2. The convergence of individual and collective interests

According to the government, there were two reasons for the state to intervene in improving the status of public health. First of all, financial and economical interests were at stake: “Unhealthiness costs society a great deal of money: costs for health care, disease-related absenteeism, disability” (LLGH, 2003:1). The government estimated the costs of disease at roughly between 2,5 and 4 billion euros (LLGH, 2003:2). A healthy population was essential to the economical vitality, and hence to the material welfare, of The Netherlands: “Public health is of great importance for the vitality and resilience of our society. The more people are healthy, the higher the labour productivity and the lower the costs of disease-related absenteeism and disability will be. Therefore, public health is an important resource for our prosperity” (LLGH, 2003:9).

Second, there were reasons of solidarity at stake – albeit in a very specific sense. Not only did unhealthiness harm labour productivity, it also affected the legitimacy of welfare state services provided: “Avoidable costs caused by unhealthy behaviour may jeopardise solidarity” (BHSH, 2007a:7). In other words, engaging in unnecessarily unhealthy behaviour could be seen as anti-social behaviour: “Everybody needs to realise that the way they deal with health, has direct influences on others and appeals directly to their solidarity” (BHSH, 2007b:13).

From a collective perspective, unhealthy behaviour was problematic because it affected labour productivity and undermined the solidarity and legitimacy of the welfare state services. Moreover, government constructed a convergence between these collective interests and the personal interests of citizens: “People themselves profit the most from a longer healthy life” (CHL, 2006a:4). Collective and personal interests coalesced: “Healthy citizens often feel better, are less often

⁴²⁸ It should be noted that, perhaps paradoxically, government also identified another trend – one that was more hopeful in terms of public health. While on the one hand addressing behaviour as a problem, it also signalled an important change of attitude towards health in Dutch society: “Large groups of people already deal very consciously with their health, and the societal interest in health issues and health products is growing [...]” (BHSH, 2007b:22). This positive trend was also picked up in 2011’s *Health Nearby*: “The lifestyle of the average Dutchman seems to move in the right direction: the number of people with (severe) overweight and the number of smokers, drug users and problematic drinkers seems to stabilise, albeit at a high level. Sports have increased during the previous years. There is, of course, room for improvement: healthy living can use an incentive” (HNB, 2011:4).

sick, work more and longer; in short, they can participate better. Therefore, health improvement and reducing the burden of disease and premature death benefits both the citizen and society" (LLGH, 2003:6; cf. CHL, 2006a:4).⁴²⁹ This constructed convergence between collective and individual interests served as an important argument to justify state interventions aimed at stimulating a healthy lifestyle. The government actively looked "for shared interests" (BHSH, 2007b:15) as points of application for state interventions.

4.2.3. Choosing a healthy life

Government's construction of shared interests formed the justification for the concept of shared responsibility between citizens and state for the improvement of public health. On the one hand, citizens were responsible since they were consciously able to choose in favour of a healthy lifestyle. On the other hand, the state was responsible, since it could incentivise citizens and encourage them to make healthy choices in a society which often 'promotes' unhealthy behaviour. According to this perspective, the role of the state was to make people behave the way they actually wanted to behave.

According to government, citizens could also simply choose not to engage in needless and avoidable unhealthy behaviour: "People do not *have* to smoke or drink too much, but many of them do. People *can* get enough physical exercise, but (only) less than half the population wants to exercise half an hour a day. Physical exercise can prolong your life by three years. Healthy food, such as vegetables and fruit, is on sale in abundance, but many people prefer fat, sweet or salty products. In short, citizens can choose a healthy lifestyle. Adults should realise this. And they should be aware of the choices they can make for themselves and in their role as an example to adolescents" (CHL, 2006a:4). Hence the title of the memorandum *Choosing a Healthy Life* "deliberately emphasises the possibility of choice" (CHL, 2006b:3).

Government summarises the state's responsibility as "supporting citizens in choosing healthier lifestyles" (LLGH, 2003:5) or "persuading people to make healthier choices" (CHL, 2006a:4). More specifically: "Citizens are responsible for their behaviour with regard to their health. The role of government is to create the right preconditions for citizens to take their responsibility. Where necessary, the cabinet takes its responsibility by amending regulations (such as the smoking ban in bars)⁴³⁰ or by subsidising certain activities (such as pilot projects with regard to physical exercise on a doctor's prescription)" (BHSH, 2007a:2).

⁴²⁹ Furthermore, participation and health were said to be mutually reinforcing: "If one is not healthy, it is harder to participate; and one feels better if one participates" (BHSH, 2007b:35).

⁴³⁰ However, enforcement problems led government to propose a liberalisation of the smoking ban for smaller bars in 2010 (CA, 2010:20).

On the one hand, this strategy left it up to the citizens to take responsibility for their own health, operating on the assumption that people would rather behave in a healthy way out of personal interest. On the other hand, this strategy implied that healthy behaviour was considered to be the social norm: "Improving public health begins with changing one's attitude in a rapidly developing society, in which inactivity more and more threatens to become the norm as a consequence of technological developments, organisation of work and patterns of leisure and transport. Preventive policies only succeed if citizens are held directly to account for their own behaviour. The changing attitude towards smoking is a good example in this respect. Most people fully realise the fact that non-smoking should be the social norm, at work and in public buildings; therefore, healthy behaviour should become the norm for citizens" (LLGH, 2003:2).

However, individual responsibility was not the same thing as bearing the consequences of the choices made. Instead, responsibility was understood as the ability to choose a lifestyle according to a social norm. This subtle but significant alteration of the meaning of 'responsibility' changed the perspective from individual responsibility to a collective or "shared responsibility" (LLGH, 2003:10). Consider, for instance, the government's attitude towards non-communicable diseases such as diabetes: "The citizen/patient is responsible for his own behaviour. By taking responsibility for behaviour and lifestyle, a citizen can reduce the chance of developing a chronic disease or postpone the moment he becomes ill. Moreover, through healthy behaviour and by strictly following therapies, he can prevent and postpone complications" (LLGH, 2003:30).

According to government, an improvement in public health "will only succeed when we all participate, starting with the citizen, but also: national government, local authorities, health insurance companies, the business world, societal organisations and research institutions" (LLGH, 2003:1). More specifically, schools were required to make room for health education in their programmes (LLGH, 2003:38), food producers encouraged to produce healthier food (LLGH, 2003:27), health care professionals were expected to talk to patients about their lifestyle if necessary (LLGH, 2003:39), insurance companies could offer such services as fitness club subscriptions, courses to quit smoking and health tests as part of their supplementary packages (LLGH, 2003:39), and so forth.

4.2.4. A farewell to the rational citizen

Underlying the ambition "to persuade people to make healthier choices" was a specific image of the citizen forming the target of health promotion (CHL, 2006a:4). Even though self-interest and collective interest can converge, citizens, as the government well knew, did not automatically act according to their own best interest. The 'shared interests' required state intervention to be effectuated.

From 2003 onwards, the use of information campaigns alone to make citizens aware of these shared interests was explicitly acknowledged to be insufficient to generate actual behavioural change. Instead, government also proposed “[...] to make visible the consequences of choices and to offer alternatives where necessary” (LLGH, 2003:12-13).

More specifically: “Government supports the citizen by arranging society in such a way that ‘making the healthy choice’ becomes the easy choice. Healthy products should be easily available (outlets, pricing, promotion) and the living environment should be supportive of physical exercise (for instance, in the layout of residential areas)” (CHL, 2006a:4). More so than before,⁴³¹ government proposes to shake off its reluctance to intervene in citizens’ behaviour – which can in some cases imply a move towards ‘paternalism’:⁴³² “government may hold the opinion that people’s behaviour is not according to their own best interest (paternalism) or that [the state] has a special responsibility towards people with arrears (solidarity)” (BHSH, 2007b:15).⁴³³

The reason behind this more meddlesome approach was an explicit shift in the way government perceived the citizen.⁴³⁴ According to the government, it was unrealistic to expect citizens to automatically choose a healthy lifestyle in a socie-

⁴³¹ According to government, previous policy initiatives in the realm of public health “have been too informal” (BHSH, 2007a:14).

⁴³² Here understood by government as deliberate meddlesome state interventions.

⁴³³ The *Health Nearby* memorandum (2011) seems, at first sight, to have a less interventionist character: “regarding lifestyle, people make their own choices” (HNB, 2011:2). However, government still emphasises the objective to create a “[...] an environment which makes the healthy choice easy” (HNB, 2011:2). Instead of explicitly influencing citizens’ ‘choice architecture’ or developing mass information campaigns, government stressed the importance of low-threshold and neighbourhood-based sports facilities (HNB, 2011:2; 5). Personalised information, self-help and advice through social media, peer-to-peer education and the internet (‘EHealth’) was seen as an important part of preventive health care, for instance in the field of mental health and depression (HNB, 2011:15; 23).

Another example of an individualised form of health information was the voluntary prevention test, which “[...] enables people to monitor their own health and helps as a motivation to make healthy choices” (HNB, 2011:16). And finally, education at schools, through the internet and in the general practitioner’s consulting room can play a crucial role in improving citizens’ health skills, for instance with regard to a healthy diet and proper physical exercise (HNB, 2011:22-23).

As a result, the 2011 memorandum is not necessarily a break with previous policy memoranda: it leaves the general objective to make the healthy choice the easy choice intact. It does, however, also show the politically contested nature of specific techniques to influence citizen behaviour. Furthermore, the *Health Nearby* memorandum also sticks to more or less the same notion of ‘responsibility’ as developed in other post-2003 memoranda: “We want to equip adolescents to take responsibility for themselves, especially at a later age” (HNB, 2011:23).

⁴³⁴ Government outlined this perspective in memoranda on obesity. However, the line of argument is applicable to other risk factors as well, such as alcohol and smoking.

tal context in which unhealthy behaviour was by far the easier choice. Structural societal developments, or “factors which are an inherent part of the way our modern society is structured” (CO, 2005:2) should be taken into account: “The cause of obesity seems simple on an individual level [...]: too much food and too little exercise. Following this argument, the solution is also ‘easy’. If people eat less and exercise more, they will stop gaining weight. However, the temptation to eat too much and exercise too little is a constant one, 24 hours a day. Food is offered in abundance, while times of shortage no longer occur. It is becoming increasingly easy to eat more and to exercise less. The various environmental and lifestyle factors have a fattening effect, which create the conditions for the current strong increase in obesity. [...] Obesity can be seen as the ‘modern equivalent’ of the major health issues of the late 19th century” (OM, 2009:7).

As a consequence, providing health information as the sole means to affect behaviour was deemed to be insufficient. Government no longer saw the citizen as a rational being, who could be persuaded to change his behaviour by giving out objective information: “People make their own decisions with regard to food, drink and exercise. In government policy, respect for this freedom is key. But it is important to inform people to enable them to choose sensibly. [...] However, the choices, behaviour and lifestyles of people are only partly determined by knowledge and information. Psychological research shows that motives such as money, pleasure, comfort and habits are strong incentives. Psychosocial incentives (identity, appearances, peer pressure) and emotions play an important role, as well. [...] Therefore, it is important for children and their parents to learn to keep an eye on their energy balance early on. It should be made easier for adults to choose a healthy lifestyle” (OM, 2009:9).

4.3. Intervention power

4.3.1. Proximity: activating the social context

Moving beyond the health protection focus of the period between 1966-1982, beyond the model of the rational citizen during the period 1983-1990, and beyond the prudent interventions in lifestyles of the period 1991-2002, government now rated these previous policies as being “too informal” (BHSH, 2007a:14). From 2003 onwards, increased interventions were deemed necessary to make the healthy choice the easy choice. Less reliance on health information and less reluctance to intervene in societal processes characterised the government’s intervention repertoire during this time. The government did not propose to enforce a healthy lifestyle, but aimed to influence the societal context in such a way that citizens would voluntarily choose to live according to the social norm of a healthy life.

This intensified strategy also impacted on the organisation of the state's intervention repertoire. The three previously distinguished interrelated organisational principles of prevention were further refined. First, the principle of proximity was expanded to include not only the organisation of state services in local settings, but, more broadly, the entire social context in which citizens lived and worked. Secondly, the principle of coordination now emphasised the development of 'integrated' and personalised policy efforts towards children and adolescents. And third, the principle of timeliness took the form of 'outreach work' towards risk citizens.

To start with the principle of proximity, the government's ambition to hold people directly to account for their behaviour necessitated "[...] an approach which actually gets through to citizens: at home, at school, at work, at places where people spend their leisure time, in the neighbourhood, and in the general practitioner's consulting room" (LLGH, 2003:3). In other words, prevention of unhealthy lifestyles and depression should "[...] *take place where people live*: at home, at school, at work and in neighbourhoods" (LLGH, 2003:35). Government explicitly named proximity as the guideline for the organisation of public health interventions and services: "The basic principle is that policymaking and implementation to promote and protect public health should take place in close proximity to the citizen [...]" (LLGH, 2003:37).

A new element in this organisational principle was the activation of the citizens' direct social context. Not only public authorities and state-subsidised organisations, but private organisations, too, needed to pay more attention to prevention – not in the least because this served their own interests, as well. Companies could benefit from prevention to reduce illness-related absenteeism among their employees. Food producers could benefit from a healthy image if they produced healthy food. And health care insurance companies could include fitness programmes, health tests and smoking cessation courses in their supplementary packages as means to prevent large health care costs by their policyholders in the future (BHS, 2007a:3; LLGH, 2003:27; 39).

A specific example of cooperation between private companies and the state is the *Covenant on Obesity* and its follow-up, the *Healthy Weight Covenant 2010-2014*. This "broad societal movement" (BE, 2005:2) consisted of a covenant with ten societal partners (including food producers, the catering industry, the Dutch sports federation and insurance companies) with the objective of preventing obesity.⁴³⁵ All of these partners committed to investing in measures and activi-

⁴³⁵ The *Covenant Healthy Weight 2010-2014* includes even more partners (such as the major Dutch cities and representatives of educational institutes) and aims for a broader range of local

ties, which “stimulate the individual to make healthy choices with regard to diet and exercise by making the healthier choice as easy and attractive as possible” (CO, 2005:3). The implementation plan of the covenant listed a broad range of activities, such as information brochures for young parents, a broader assortment of healthy foods in stores, a stop to misleading information in food commercials, a reduction of the portion size of prepared meals as well as a healthier composition of these meals, promotion of healthy food at schools and in company canteens, development of educational programmes on healthy food, more sports activities in and around schools, and the organisation of sports camps for obese children (BE, 2005:10-17).

The participation of health care professionals and schools was also part of government strategy to activate citizens’ social environment. Health care professionals, such as general practitioners, were expected to talk to patients about their lifestyle if necessary. This could form an important complementary responsibility, next to their primary curative task (LLGH, 2003:39). And schools were required to “pay attention to the importance of health in their educational programmes. Children should learn how they can preserve and promote their own health and what they can do if they or others fall ill or suffer minor injuries. This includes attention to personal hygiene, the risks of addictive activities such as smoking and alcohol use, and responsible behaviour in the face of dangerous situations in and around school. Furthermore, schools provide a safe and healthy environment for education” (LLGH, 2003:38).

4.3.2. Coordination: an integrated approach to adolescents at risk

The principle of coordination was seen in action in the longstanding practice of ‘facet policy’, or the identification of health aspects in adjacent policy fields (MDP, 1986:216), and in the assumption that behavioural change could only be realised through a comprehensive set of interventions (HP, 1991:3). From 2003 onwards, an additional element was introduced regarding the response to at-risk adolescents: the individual adolescent became the starting point for a personalised approach, in which elements from all relevant policy domains, such as public health, welfare, education and crime policy were integrated. In this ‘child-centred perspective’ (OY, 2004:2), ‘health’ or ‘crime’ no longer constituted the problem definition; instead, this comprised the entire range of risks involved in growing up.⁴³⁶

preventive projects and public-private partnerships: municipalities are approached and supported to make obesity one of the spearheads in their local public health policies.

⁴³⁶ Another new element in the organisation of coordination is the emphasis on the relation between health care provisions and prevention: “The distinction between illness and health becomes less clear. For instance, health care is confronted more and more with an increase in chronic patients because of a lack of preventive policies” (BHSB, 2007a:14). Cure and preven-

In the *Operation Young* memorandum, the State Secretary of Health, the Minister of Administrative Renewal, the Minister of Justice, the Minister of Education, the Minister of Social Affairs, the Minister of Housing and the Minister of Integration proposed several 'integrated' strategies to control and prevent problems particularly associated with children and adolescents, such as youth unemployment, language arrears, early school leavers, integration and crime (OY, 2004:3). Where crime policy ends and public health policy begins became impossible to determine – which was, in fact, the basic objective: no longer was there a single crime, welfare, education or health policy; this had now all been integrated into an all-encompassing youth policy.⁴³⁷

Abandoning the traditional sectoral structure of state administration to define prevention ambitions (CHL, 2006a:7) meant that crossing organisational boundaries became unavoidable. In addition, new organisational entities were developed to enable this integrated approach: a national network of neighbourhood-based Centres for Youth and Family⁴³⁸ formed the 'front office' of youth policy (OY, 2004). These low-threshold centres served to provide parenting advice and support, but also enabled the early detection of problems: "A comprehensive system of nursery and education offers every child better chances [...] and mitigates a number of risks. This is not enough for all children; sometimes extra care is necessary. Therefore, a comprehensive system of identification, analysis and interventions is of great importance" (OY, 2004:8).⁴³⁹

tion should not be seen as two distinct domains, but require further coordination – for instance through an increased attention of general practitioners and insurance companies for unhealthy lifestyles of their patients and subsequent programmes to improve them (HNB, 2011:13). In short, "more prevention in the consulting room" (HNB, 2011:17).

⁴³⁷ The basic philosophy underlying youth policy was the following. First of all, parents were "primarily responsible for the wellbeing of their children and for a healthy upbringing" (BHSH, 2007b:13). However, parents often experience difficulties in raising their children, and adolescents themselves "[...] are not always capable of making well considered choices" (BHSH, 2007a:8). "Therefore, the state also has explicit tasks. For instance, the state should offer adequate protection to children and adolescents if their development is severely threatened. Furthermore, the state should provide family and education support if parents are overburdened by their task" (OY, 2004:2).

⁴³⁸ In Dutch: 'Centrum voor Jeugd en Gezin'.

⁴³⁹ Elsewhere: "This cabinet emphasises early detection of risks, with the broadest reach possible. From (before) birth to adulthood" (OY, 2004:8). To realise this, government will develop standardised 'risk profiles' which can be used by professionals to detect risks and make a provisional diagnoses of the physical, mental, social and cognitive development of children (OY, 2004:9; 16). Furthermore, government proposed to develop a 'referral index for at-risk adolescents' (an electronic application for a national registration of contacts between an organisation and an adolescent) and an 'electronic youth dossier' (an electronic application to make the youth care files of every Dutch child nation-wide available for all relevant organisations) (OY, 2004; ECEC, 2007:10-11).

This shift in problem definition is related to the prevention perspective. Children and adolescents were the most logical objects of intervention for the prevention of behavioural problems such as crime and unhealthy lifestyle. Their higher susceptibility (more so than adults) to external influences meant that both the necessity and the possibility for intervention were greater: “The foundation for a bad lifestyle is often laid at an early age. An unhealthy lifestyle at an early age, such as lack of physical exercise and a poor diet, can lead to obesity [...]. This, in turn, can result in an increased chance of being bullied at school, in poorer school results, in the development of emotional problems in growing up, in the development of diabetes (and accompanying complications) and the development of problems with the locomotor system at a later age” (BHSH, 2007a:6). In other words, “adolescents are often off to a bad start” (BHSH, 2007b:10).

4.3.3. Timeliness: the outreaching state

In the previous period (1991-2002), the organisational principle of timeliness was specifically used for the identification of citizens at risk. However, it was not enough simply to organise public health services in close proximity to citizens, as some population groups failed to make use of these facilities. From a preventive point of view, waiting for risk groups to report health problems was self-defeating, as these groups benefited most from early interventions.⁴⁴⁰ From 2003 onwards, the notion of ‘outreach work’ was introduced to intensify early detection and early intervention towards risk citizens (LLGH, 2003:41; ESDS, 1998).

There was still “[...] cause for concern [since] unhealthiness, disease and premature death are more common among certain population groups than others. Especially the health status of people with a low educational level and a low income, among whom many cultural minorities, is lagging behind” (LLGH, 2003:1; cf. LLGH, 2003:21). On average, the life expectancy of citizens in the lower socio-economic strata was four years shorter, and 12 years less were spent in good health – largely a result of unhealthier behaviour and poorer living and labour conditions (CHL, 2006a:3). A focus on at-risk citizens offered many opportunities for health improvement and for increasing economic productivity (SEHD, 2008:15).

⁴⁴⁰ Besides the focus on citizens at risk, early detection of already established diseases was and remains a crucial element in prevention: “Prevention starts with the early detection of – and early interference in – diseases” (LLGH, 2003:42). Monitoring and population screening, as well as standardised methods to analyse data are important means to assess the status of public health, to evaluate preventive actions and to determine new priorities for intervention (LLGH, 2003:48-50).

Since mass media campaigns appear to be less and less effective, and low-threshold health services often tended not to be used by those standing most in need of these (LLGH, 2003:13), public authorities started looking for ways to proactively reach out to citizens. Minority groups and children were a particular concern in this respect: “We cannot always wait for ‘a client’s demand’. In the interest of parents and children, help should more often be meddlesome (‘outreaching’)” (LLGH, 2003:41). Government deliberately moved beyond mere informal strategies of information and service provision: “Undesirable situations should not persist. Everybody should take responsibility if there are indications of a child running into trouble. Wait and see and muddling on or even looking away is out of the question. [...] We have past the phase of permissiveness” (ECEC, 2007:11).

Preventive paediatric health care came to include a broad early screening of all children, followed by personalised and assertive outreach interventions to prevent further damage: “Investing in the positive development of a child before its fourth birthday is the best form of prevention against many problems at a later age. Youth care services will carry out risk analyses of problems in upbringing and development for every child between the ages of 0 and 4, and where necessary, supportive interventions will be employed. Interventions can include family support for parents, participation in programmes of pre- and after-school education, activities in ‘community schools’,⁴⁴¹ and youth care activities” (ECEC, 2007:11). Ideally, parents should set the right example to their children. They should be well-informed about the difficulties of parenthood: “A healthy life begins before conception” (HN, 2008:33). A prenatal approach may well be the logical consequence of the prevention perspective: this is how far risk factors can be traced back.

4.3.4. Lifestyle interventions and the behavioural paradigm

Aiming to make the healthy choice the easy choice, government introduced five spearhead actions:⁴⁴² smoking disincentives, tackling obesity, reducing diabetes, alcohol moderation, and prevention of depression. These actions were meant to reduce six types of diseases, namely cardiovascular diseases, cancer, asthma, diabetes, mental disorders and disorders in the locomotor system (LLGH,

⁴⁴¹ In Dutch: ‘brede school’.

⁴⁴² The memorandum *Living Longer in Good Health* mentions three spearhead actions, namely ‘smoking’, ‘obesity’ and ‘diabetes’ (LLGH, 2003:3), which are complemented by ‘alcohol abuse’ and ‘depression’ in the memorandum *Choosing for a Healthy Life* (CHL, 2006b:28). The memorandum *Health Nearby* stresses physical exercise above other means to change people’s lifestyle (HNB, 2011:2).

2003:17).⁴⁴³ Many of the measures discussed in the following fall under the category “lifestyle interventions” (CHL, 2006b:43).⁴⁴⁴ Prevention of avoidable health loss and the promotion of a healthy lifestyle were infused by a behavioural paradigm: the measures aimed to realise behavioural change by making a healthy lifestyle the social norm.

The concrete interventions were characterised by a combination of techniques, ranging from information to regulation and from service delivery to financial disincentives. For instance, in the case of smoking “a combination of various measures proves to be successful: both a ban on advertising, an age limit and health warnings on packaging, besides support to give up smoking, smoking bans and excises. In short, especially a broad and coherent set of measures has real effect in the fight against smoking” (LLGH, 2003:24).

Smoking “[...] is still the most important avoidable cause of death in The Netherlands” (NPTD, 2006:10). Therefore, “[n]on-smoking should be the social norm” (LLGH, 2003:23), both to protect non-smokers and to prevent citizens from smoking (CHL, 2006b:29). The government’s ambition was to reduce the percentage of smokers among the Dutch population from 28 percent in 2005 to 20 percent in 2010 (CHL, 2006b:30). Health information, such as campaigns for target groups

⁴⁴³ A focus on the government approach to specific risk groups, such as adolescents, revealed an interrelation between the abovementioned strategies in their actual implementation. Government expressed specific concern about the behaviour of adolescents: “Unhealthy behaviour among adolescents is becoming more and more common, and this does not sound promising for the future” (LLGH, 2003:1). This unhealthy behaviour covered many of the above-mentioned terrains, such as smoking, excessive drinking, unhealthy nutrition and lack of physical exercise.

For instance, even though Dutch alcohol consumption could be characterised internationally speaking as modest, adolescents were found to be drinking more and more often, which can lead to health problems such as brain damage. Furthermore, obesity was becoming a problem among adolescents (CHL, 2006a:3). Schools could play an important role here, for instance by making health education a part of their programmes (such as teaching children how to deal with unhealthy temptations), by offering healthy products in canteens, by constructing secure sports facilities, and by striving for a smoke-free schoolyard (HNB, 2011:23-25).

⁴⁴⁴ Besides the dominant focus on behaviour and lifestyle, more ‘traditional’ forms of prevention remained part of the state’s responsibility for public health, such as in the response to the exogenous health threats beyond the scope of influence of individual citizens. An example is the response to epidemic diseases: government aimed for a vaccination level above 95% (and 80% for the influenza vaccine) (LLGH, 2003:40).

Furthermore, government regulates the safety of products and food, has a responsibility in the reduction of accidents in the private sphere, and prevents the pollution of the living environment by means of regulation and information (LLGH, 2003:43-46). After all, “[...] health is not only dependent on individual actions and choices. Good and equally accessible education, safe working conditions and a healthy and safe environment are essential for the preservation and promotion of good health. [Furthermore, to] ensure good health, citizens should be able to demand proper health care” (LLGH, 2003:10).

(adolescents) and health warnings on tobacco products (NPTD, 2006:22-27) were important. However, “[...] knowledge about the harmful effects of (passive) smoking alone does not lead to the desired degree of behavioural change” (NPTD, 2006:12). Therefore, legislation to raise excises, limit advertising for tobacco products and enacting a ban on smoking in public places were crucial as well (NPTD, 2006:14). Schools could also play an important role, for instance through education and promotion of smoke-free schoolyards (HNB, 2011:23-25).

Obesity remained a growing problem during this period, especially among adolescents. On average, 40% of the population was overweight and 10% obese – numbers which were projected to rise considerably over the coming years (CO, 2005:2).⁴⁴⁵ Obesity leads to increased risks of diabetes, cardiovascular diseases, malfunctioning of the locomotor system, and chronic respiratory afflictions (OM, 2009:16). Besides personal health loss, obesity leads to enormous costs for the health care system and to loss of labour productivity (OM, 2009:19-20).

As with tobacco disincentives, the health information and education provided by, for example, the Dutch national Nutrition Centre⁴⁴⁶ (OM, 2009:28; 31), while important, were insufficient strategies to prevent obesity. Therefore, a varied set of supporting measures was developed “[...] to promote rational lifestyle choices” (HDSB, 2008:4) and to “make the healthy choice the easy choice” (HN, 2008:5). More specifically, government promoted “an improved availability of healthy products and improved composition of food products. Industry, retail, catering, attraction parks, sports club canteens, schools and private companies play a role here” (HN, 2008:11). Government aimed to persuade food companies, caterers, supermarkets and sports organisations to produce healthier food, reduce portion sizes, replace the supply of snacks and sodas in vending machines with healthier choices, cut back on commercial activities specifically aimed at younger children, and stock healthy products at eye level on supermarket shelves (CO, 2005; CHW, 2009; LLGH, 2003:27-29; cf. CHL, 2006b:37; cf. BSHS, 2007a:16).

Other measures included preventive strategies in the realm of health care, such as an ‘exercise cure’ for people with overweight, and possibilities for health insurance companies to financially compensate their customers if they follow preventive programmes (OM, 2009:10; 45). Furthermore, research⁴⁴⁷ by the new ‘Knowledge Centre Obesity’⁴⁴⁸ (OM, 2009:13) as well as monitoring (for instance,

⁴⁴⁵ However, government states in 2011 that the number of people with overweight seems to stabilise (HNB, 2011:4).

⁴⁴⁶ In Dutch: ‘Voedingscentrum’.

⁴⁴⁷ For instance, a current lack of knowledge makes it impossible to use genetic information for the treatment or prevention of obesity (OM, 2009:23).

⁴⁴⁸ In Dutch: ‘Kenniscentrum Overgewicht’.

through the ‘monitor health arrears’) were considered “essential to evaluate and if necessary adjust the approach to obesity” (OM, 2009:11).⁴⁴⁹

Another concern was the increase of the number of (especially young) diabetics. This development threatened the vitality of Dutch society (CHL, 2006b:42). Government employed four strategies simultaneously: prevention of diabetes among the healthy population, early detection of people with an increased risk of developing diabetes, early detection of people with diabetes, and improving health care services for diabetics (LLGH, 2003:31).

The prevention of diabetes and other non-communicable diseases was at the top of the list, as these are incurable and lead to numerous costs: “Non-communicable diseases reduce the quality and length of life and lead to social costs because of health care demands and because of a decrease in labour productivity and labour participation” (BHSH, 2007a:6). The government aimed to reduce the number of diabetics under the age of 55 by promoting healthy food, physical exercise and moderate alcohol use, and by preventing a worsening of the affliction (LLGH, 2003:30).

Alcohol abuse also remained an important issue. Even though overall alcohol consumption in The Netherlands had declined, adolescents had become the most frequent drinkers in Europe – they drank too much and at an increasingly younger age (AP, 2005:1-2). There were two reasons for opting for a more assertive approach: the “paternalistic motive” that comes into play when the health and well-being of adolescents is at stake; and a desire to “control nuisance and damage” in connection with problems of public order, aggression, violence and accidents (AP, 2007:4). The government objective was summarised in the slogan: “drink moderately, sensibly and don’t start too young” (CHL, 2006b:33). A ban on alcohol was not considered, since alcohol use is culturally accepted in society. The goal was to persuade children to start drinking at a later age, and to lower the number of adult problem drinkers (CHL, 2006b:33).

⁴⁴⁹ In its 2011 memorandum *Health Nearby*, government stressed physical exercise as a means to reduce overweight and obesity. Government also seemed to distance itself from previous ambitions to directly intervene in the choices people make with regard to their lifestyle: “Health should be a matter of people themselves. This means a restrained use of bans and orders, unsolicited advice and choice limitations by government” (HNB, 2011:5). This did not imply a move away from prevention, but indicated the politically controversial status of lifestyle interventions: whereas the government coalition of Christian-democrats and social-democrats employed meddlesome interventions (2007-2010), a coalition between conservative-liberals and Christian-democrats emphasised free choice and individual responsibility (from 2010 onwards).

Again, a broad set of interventions was developed. Repressive instruments included a stricter control on the age limit and a stricter regulation by the Food and Consumer Product Safety Authority (AP, 2005:4-5). In terms of the pricing instrument, government sought to raise excises specifically on beer and pre-mix beverages so popular with adolescents (AP, 2005:8). In addition, alcohol advertising was subject to even further regulation, which included a ban on television alcohol commercials between 6.00 and 21.00 hours (BHS, 2007a:17). Information campaigns were launched to convey the message that drinking under the age of 16 is a violation of the "socially accepted norm" (AP, 2005:6). Government held up the change in social acceptance of drunk driving as an example: "Drunk driving is socially considered 'not done' nowadays" (AP, 2005:6).

Finally, the fifth spearhead action introduced was aimed at the prevention of depression. This was a rather new element in a policy terrain which previously stressed physical disease. Mental disorders, such as depression, were rapidly becoming commonplace in industrialised countries: "Mental disorders are usually the result of a combination of sensitivity, environmental factors, stress and lifestyle. Prevention and early detection of mental afflictions can make timely treatment of symptoms possible, which prevents worsening and has less severe consequences for the individual, his social environment and society in general" (LLGH, 2003:31). To this end, a broader reach of the preventive actions of municipal health services was proposed (LLGH, 2003:32) as well as the development of easily accessible self-help courses on the internet (CHL, 2006b:45).

4.4. Synopsis

An important consequence of the paradigm shift from disease to health and the focus on endogenous lifestyle factors and the quality of life was that *the realisation of public health ambitions depends on citizen behaviour*. Citizen behaviour is simultaneously the problem and the solution. In the period from 1983 to 1990, the emancipatory ideal formed the core of government's ambition to realise behavioural change: based on the model of the rational citizen and on the assumption that healthy behaviour equals rational behaviour, government emphasised health education and information. Over the years, this approach was complemented by more and more regulatory and financial measures, especially in the approach to tobacco use and alcohol abuse.

The broader implication of these complementary measures was a *farewell to the rational citizen* and an increased interest in purposeful interventions in societal processes. Instead of a clear demarcation between state responsibility and citizen responsibility, the boundaries became blurred as the state moved beyond mere health protection and beyond the mere provision of health information

and education. This issue was only briefly touched upon in the period between 1991 and 2002, but became the focal point of public health policy from 2003 onwards.

Citizens do not automatically adopt a healthy way of life. This presumption served as the basis for public health policy from 2003 onwards. The government wrestled with this problem, as a poor public health status *harms labour productivity*. Moreover, unhealthy behaviour might *undermine the solidarity* underlying the welfare state: since avoidable health loss could often be traced back to lifestyle, and unhealthy behaviour led to unnecessary health care demands. The government constructed a convergence between these collective interests and the personal interests of citizens. A socially active and economically productive life was considered to be the desired ideal for individual citizens – therefore, *a healthy life should be the social norm*.

This construction of *shared interests* justified the construction of a *shared responsibility* between citizens and state for the improvement of public health. On the one hand, citizens were responsible, since they could consciously choose a healthy behaviour. On the other hand, the state was responsible, since it could incentivise citizens to make healthy choices in a society where non-physical labour is the norm, fast food is available on every street corner, and motorised traffic has banished physical exercise from daily life. Although information campaigns could suffice in some cases, often behavioural incentives and disincentives were necessary to change unhealthy lifestyles.

This line of argument created an ambiguous relation between state and society. On the one hand, the responsibility of citizens for their own health was left untouched: after all, they are free to choose a healthy lifestyle. On the other hand, government regarded a healthy lifestyle as the rational choice and the social norm – only a lack of willpower in the face of unhealthy temptations was keeping citizens from maintaining a healthy behaviour. Hence, a *behavioural paradigm* was applied to influence the societal context in such a way that citizens were not only able to choose a healthy lifestyle, but that *the healthy choice became the easy choice*.

In terms of intervention power, the three organisational principles of prevention, which were developed in the period between 1991 and 2002, were further refined to meet the demands of the behavioural paradigm. First, the principle of proximity not only implied the organisation of state services in local settings, but extended to the *activation of the entire social context* in which citizens lived and worked. Ideally, incentives for a healthy life should be omnipresent: at schools

through education, in supermarkets by carrying healthy products and in the general practitioner's office, where advice on health could be dispensed.

Secondly, the principle of coordination not only referred to the longstanding practice of 'facet policy', in which health aspects in adjacent policy fields were identified (MDP, 1986:216), or to the organisation of comprehensive and varied sets of interventions (HP, 1991:3). An additional element was introduced from 2003 onwards in the response to at-risk adolescents. Individual adolescents and the problems they face in growing up became the starting point for an *integrated approach* comprising all relevant policy domains, such as public health, welfare, education and crime policy. A national network of Centres for Youth and Family served as a low-threshold service for parenting support and advice, and as the front office for the identification and assessment of risks in growing up. A child-based policy perspective is a logical consequence of a preventive approach: the basis for unhealthy lifestyles is often laid in childhood, which should therefore be the focal point of interventions.

Third, the principle of timeliness took the form of *outreach work* directed at citizens at risk, such as those in the lower socio-economic strata, and adolescents in general. Since those most at risk tended not to respond to information campaigns or make use of low-threshold health services, the public authorities sought ways to proactively reach out to these citizens, such as early screening and the proactive offer of care, for instance in the form of parenting support. Government aimed to detect health risks as early as possible and intervene as quickly as possible.

The development of a further mix of interventions was proposed to realise behavioural change: incentives and disincentives characterised policies with regard to smoking, drinking, eating and physical exercise. For instance, the approach to smoking consisted of information campaigns, advertising bans, age limits, a smoking ban in public places, electronic self-help to stop smoking, health warnings on tobacco products, an excise increase, interventions such as science-based information about healthy nutrition, 'exercise cures' for people with overweight, a healthier selection of food products in supermarkets and school canteens, a ban on commercial activities promoting unhealthy food products aimed at young children, and secure and low-threshold sports facilities. In general, the state's preventive intervention repertoire included four sets of techniques:

- *Communicative techniques*: information; education; health warnings; transfer of social norms
- *Facilitative techniques*: individual support; self-help facilities; influencing the opportunity structure through a supply of healthy food and the design of the built-up environment

- *Financial techniques*: excise increases; insurance coverage for preventive activities; subsidies for facilities and for information and research activities
- *Regulatory techniques*: bans; legal conditions for the use, sale and advertising of unhealthy products

Dutch public health policy has seen several fundamental changes over the past thirty years. In the face of lifestyle diseases, the medical-curative ideal and the existing preventive repertoire of protection against exogenous health threats proved insufficient to further improve the status of public health. In response to endogenous health threats (more specifically: lifestyle threats), government developed a broad repertoire to make the healthy choice the easy choice.

In the following, contemporary Dutch policy practices are analysed to support the validity of the government's statements of intent on policy implementation in the previous historic policy review. In the following description of the 'Healthy Together' programme in the city of The Hague, we expect to see collective prevention in terms of disincentives for tobacco and alcohol use and incentives for physical exercise and proper nutrition, as well as early detection of and subsequent early intervention towards individual risk citizens.

3. Healthy Together in The Hague

3.1. In the neighbourhood

In 2007, the Dutch government issued a list of the nation's forty most disadvantaged neighbourhoods.⁴⁵⁰ Multiple social problems were concentrated in these selected neighbourhoods, including poverty, crime, feelings of insecurity, poor housing, early school leavers, and a poor public health – problems, which added up to a low level of what is known as 'liveability'.⁴⁵¹ Four of these neighbourhoods were located in the city of The Hague, which, with roughly 500,000 inhabitants, is The Netherlands' third largest city.

Three of the four selected neighbourhoods – Transvaal, Schilderswijk and Stationsbuurt – are located close to the city centre and have been working-class districts since the late 19th century.⁴⁵² The fourth neighbourhood – South-West – is one of the largest post-war newly-built districts in The Netherlands and boasts roughly 65,000 inhabitants. All told, the four neighbourhoods have a total population of just under 120,000. From the 1970s onwards, these neighbourhoods underwent a change in demographic profile: the traditional Dutch working class population moved away and was replaced by large numbers of immigrants. For instance, over 90% of the Schilderswijk and Transvaal districts today consists of immigrants or citizens of immigrant origin (mostly Turkish, Moroccan and Surinamese).⁴⁵³ Furthermore, the inhabitants of these quarters have a low average socio-economic status – some 50% of the population of the Schilderswijk has a low level of educational attainment and 40% lives on a minimum income.

Based on these and other statistics, the four abovementioned neighbourhoods became the geographical focal point of both the national and municipal authorities on a broad range of policy issues. One of these issues was public health: the level of public health is significantly poorer in these neighbourhoods than in other parts of The Hague. For instance, 42% of the inhabitants of the Schilderswijk and 47% of those in the Transvaal district rated their health as poor or mediocre, compared to 20% for the entire city.⁴⁵⁴ Moreover, the life expectancy

⁴⁵⁰ The data for the first three paragraphs comes from a local study on public health in the four disadvantaged neighbourhoods of The Hague, entitled *Gezondheid in de Krachtwijken* (2010).

⁴⁵¹ In Dutch: 'leefbaarheid'.

⁴⁵² Even though much of the original buildings have been demolished, especially in the Schilderswijk, since the late 1970s as part of large 'restructuring' projects, these areas have remained a home for the city's lower socio-economic strata.

⁴⁵³ The typical term used in The Netherlands for immigrants or children of immigrants is 'allochthonous' (in Dutch: 'allochtoon').

⁴⁵⁴ Other figures include the high percentage of overweight people in the four disadvantaged neighbourhoods (54% versus 47% for the entire city), the percentage of smokers (29% versus 28% for the entire city), chance of depression and anxiety disorder (19% versus 9% for the

of low socio-economic status groups is, on average, five years shorter. These groups are often confronted with illness earlier and more often than citizens with a high socio-economic status.⁴⁵⁵

Socio-economic health disparities between the various districts of The Hague are the object of policymaking and subsequent interventions. Since a substantial part of the urban population lives in the four selected disadvantaged neighbourhoods, the overall welfare of the city is at stake: "The health of the citizens of The Hague partly determines the social, economic and cultural possibilities of our city. It determines the city's vitality".⁴⁵⁶

However, besides this collective interest, a reduction of health differences also serves the individual interests of people in the lower socio-economic strata. The city of The Hague justifies its interventions to improve the status of public health by constructing a convergence of collective and individual interests: "Of course you want to be healthy! Good health means you can participate in society. The municipality is responsible for guarding, protecting and improving the health of the people of The Hague".⁴⁵⁷

Furthermore, the specific attention for people in the lower socio-economic strata is justified on the grounds that these people are born in disadvantaged circumstances: "[...] if you are born in a disadvantaged neighbourhood, you start off at a disadvantage".⁴⁵⁸ The municipality has a responsibility to eliminate these disadvantages. This does not release citizens from taking responsibility for their own health. They are not just passive victims of their disadvantaged backgrounds; they can actively contribute to improving their own health, as well. The realisation of public health objectives depends on behavioural change: "Health begins with a healthy lifestyle".⁴⁵⁹

The municipality perceives it as its responsibility to enable citizens to lead a healthy life. At the same time, the responsibility of citizens is not understood

entire city), loneliness (18% versus 10% for the entire city) and cardiovascular diseases (*Samen Gezond*, 2011:16-17).

⁴⁵⁵ *Haagse nota volksgezondheid 2007-2011*, 2007:1

⁴⁵⁶ *Haagse nota volksgezondheid 2007-2011*, 2007:1 (my translation, RP). For instance, the estimated social costs of excessive drinking are 2.6 billion euro per year in The Netherlands as a result of illness, absence from work, accidents, violent behaviour and care for addicts (see: municipal alcohol moderation memorandum *Natuurlijk: matig met alcohol!*, 2007:9).

⁴⁵⁷ *Haagse nota volksgezondheid 2007-2011*, 2007:iii (my translation, RP). The ambition of participation relates public health policy to local welfare policy. Since 2007, the Social Support Act (in Dutch: 'Wet Maatschappelijke Ondersteuning') charges municipalities with the responsibility to "improve the social participation and self-help of citizens" (*Aandacht voor Elkaar*, 2007:8; my translation, RP).

⁴⁵⁸ *Samen Gezond*, 2011:5.

⁴⁵⁹ *Haagse nota volksgezondheid 2007-2011*, 2007:14 (my translation, RP).

simply as bearing the consequences of individual decisions made with regard to health. Based on the assumption that citizens have a personal interest in leading a healthy life, 'responsibility' is also understood to mean actively participating in behavioural change and personal health improvement: "Our goal is: healthy neighbourhoods, where the people of The Hague take responsibility for themselves [...]"⁴⁶⁰ As the following description of The Hague's public health policy makes clear, the municipal efforts to incentivise citizens to take responsibility for their own health can take many forms.

3.2. The coalition 'Healthy Conscience'

The long-term (2010-2018) programme 'Healthy Together' plays an important role in the organisation of health promotion in The Hague. The main objective of this municipal programme is to coordinate the various health promotion efforts by the Municipal Health Service,⁴⁶¹ schools, general practitioners and subsidised welfare organisations in the four aforementioned neighbourhoods.⁴⁶² Besides the specific geographical focus on statistically identified disadvantaged neighbourhoods, a second important characteristic of public health policy in The Hague is the conviction that there are no 'golden bullets'.⁴⁶³ No single measure is effective enough to realise a substantial improvement in public health. Instead, a combination of various measures and techniques was developed.⁴⁶⁴

The 'Healthy Together' programme aims to realise an integrated approach to health issues. Policy efforts are only presumed to be effective if they are coordinated and form a 'closed net' around citizens. This is the strategy used, for instance, in the alcohol moderation policy: "Experts recommend employing a 'prevention mix' of education, early detection, regulation and enforcement to reduce excessive drinking in The Hague".⁴⁶⁵ This mix of preventive measures aims to "change the norm that alcohol use and especially excessive alcohol use is 'normal' and without negative consequences".⁴⁶⁶ Specific activities include educating ado-

⁴⁶⁰ *Haagse nota volksgezondheid 2007-2011*, 2007:7 (my translation, RP).

⁴⁶¹ In Dutch: 'Gemeentelijke Gezondheidsdienst' or 'GGD'.

⁴⁶² In Dutch: 'Samen Gezond'. The development of a coordinated prevention programme is based on the 'Urban Health Governance' strategy of the WHO, which stresses cooperation with citizens and welfare professionals, cooperation between various policy domains, and monitoring and evaluation (*Haagse nota volksgezondheid 2007-2011*, 2007:4).

⁴⁶³ *Samen Gezond*, 2011:14.

⁴⁶⁴ Coordination of activities is specifically relevant for the public health domain. Fragmentation is often characteristic of this policy domain: "It is difficult to gain insight into the variety of initiatives because of the multitude of actors in the neighbourhoods and because it is often unclear whether an activity is still being executed, has already terminated or it still has to start" (*Gezondheid in de Krachtwijken*, 2010:51; my translation, RP).

⁴⁶⁵ *Natuurlijk: matig met alcohol!*, 2007:12 (my translation, RP).

⁴⁶⁶ *Natuurlijk: matig met alcohol!*, 2007:12 (my translation, RP).

lescents about the dangers and social acceptance of drinking, raising awareness among welfare professionals, sports clubs, bars and schools to detect early signs of problematic drinking behaviour, and stricter regulation and enforcement of the Licensing and Catering Act.⁴⁶⁷

The Healthy Together programme can best be understood as a coordination mechanism to realise an improvement in public health in four selected disadvantaged neighbourhoods. Even though the programme has initiated and implemented several measures itself, its main emphasis is on the coordination and integration of efforts by other organisations involved, under the motto “a complex problem calls for cooperation”.⁴⁶⁸ For this purpose, three organisational mechanisms were introduced.

The first of these was the establishment of the ‘Healthy Conscience Coalition’,⁴⁶⁹ a coalition of 27 organisations, including health insurance companies, general practitioners, health care services, municipal health service, welfare organisations, schools, housing corporations, ministries, and the municipality of The Hague. This coalition has been active since late 2008 and aims to realise a coordinated effort to banish health arrears in the four disadvantaged neighbourhoods of The Hague.⁴⁷⁰

The programme does not have a hierarchical position with regard to the partners in the coalition. Instead, it appeals to the shared (formal) responsibilities and interests of these organisations. The representatives of all coalition members meet at least once a year. There is a ‘programme team’ for the day-to-day management, which meets every month and consists of the municipal programme manager, four persons responsible for the four ‘tracks’ of the programme, a representative of the municipal policy for disadvantaged neighbourhoods, a representative of the municipal sports policy, and two municipal ‘health brokers’.⁴⁷¹

⁴⁶⁷ *Natuurlijk: matig met alcohol!*, 2007:19-21.

⁴⁶⁸ *Samen Gezond*, 2011:9.

⁴⁶⁹ In Dutch: ‘Coalitie Gezond Geweten’. Information on this coalition can be found on its website <http://www.gezondgeweten.nl/>; consulted d.d. 10-5-2011. Besides this coalition, there are also networks of welfare and health care professionals. For instance, network and welfare organisation ‘STIOM’ organises meetings five times a year for, among others, general practitioners, physiotherapists, dieticians, welfare workers and municipal health service employees. These meetings aim to stimulate interaction among professionals on emerging health issues in their daily practice and on new initiatives to tackle these issues. ‘STIOM’ was established over 10 years ago after several general practitioners found it increasingly difficult to ‘get through’ to some of their, especially migrant, patients. Cooperation with welfare organisations was proposed as a means to reach these population groups.

⁴⁷⁰ The programme ‘Healthy Together’ and the coalition ‘Healthy Conscience’ have a total estimated budget of 24,7 million euro (*Samen Gezond*, 2011:4).

⁴⁷¹ In Dutch: ‘gezondheidsmakelaars’.

These two ‘health brokers’ are the second organisational mechanism worthy of mention. They function as ‘catalysts’ for coordination, cooperation and collective action – in fact, one of the interviewed health brokers refers to herself a “health lobbyist”. Their responsibility is to create a broad awareness of health issues, and to link the various organisations in the ‘Healthy Conscience Coalition’ together, to demonstrate that cooperation can lead to a more effective approach to health arrears.⁴⁷²

For instance, the approach to obesity includes efforts by urban planning (constructing cycling lanes and sports grounds),⁴⁷³ by schools, in the education of children on healthy nutrition and physical exercise, by sports clubs in the organisation of activities in the neighbourhood, and by schools, general practitioners and youth health care in the realisation of a quick response to first signs of obesity. Cooperation and coordination is also required to organise interventions following early detection of problems. This usually implies the transfer of a case from one organisation to the other. For instance, if a primary school reports that one of their pupils is severely overweight, this should be followed up with a personalised intervention by youth health care.

The third important organisational mechanism is the construction of four interrelated ‘policy tracks’ within the broader programme Healthy Together.⁴⁷⁴ These ‘tracks’ provide conceptual coherence in a broad and fragmented policy landscape:

- Track 1: ‘a healthy and athletic life’. This track deals with issues such as overweight and obesity. Specific activities include the development of educational activities at schools, early detection of overweight, individual support for adults and children with obesity, and low-threshold sports activities. Other issues in this track are smoking (campaigns) and depression (early detection and training).
- Track 2: ‘a healthy living environment’. Whereas the first track is largely focused on individual support and education, the second track deals with the opportunity structure in which citizens make decisions regarding their health. Specific areas of concern are playing grounds, cycling lanes, public gardens and obstacle-free sidewalks. Furthermore, this track is concerned with health aspects beyond the control of individual citizens, such as the reduction of atmospheric pollution and the improvement of indoor environments in schools and apartment blocks (for instance

⁴⁷² *Samen Gezond*, 2011:7.

⁴⁷³ See for instance the explicit attention to health issues in the municipal mobility policy memorandum *Ontwerp Haagse Nota Mobiliteit* (2010).

⁴⁷⁴ See the long-term programme Healthy Together: *Samen Gezond* (2011).

through improved ventilation or incorporation of health aspects in new building projects).

- Track 3: 'accessible prevention and care'. Care services can also play an important role in prevention and health improvement. First, outreach work by community nurses in the neighbourhood is an important means to reach citizens who are usually not inclined to report to health services themselves. And second, medicine and care can play a role in personalised prevention projects, such as courses to help people quit smoking, training to deal with the first signs of depression, and exercise programmes and professional counselling for obese citizens.
- Track 4: 'healthy participation'. Health and participation are two closely related issues: health increases the opportunities for social participation, and participation can have a positive effect on a person's physical and mental health and wellbeing.⁴⁷⁵ Reintegration programmes for unemployed citizens and reduction of school absenteeism are two important examples of activities in this track.

Underneath the conceptual coherence of these four tracks lies a broad and varied pattern of activities and interventions, carried out by a broad range of public authorities and subsidised welfare organisations. Part of these activities and interventions follow from legal obligations, and part from policy objectives formulated at municipal level. According to the 2008 Public Health Act, Dutch municipalities are responsible for, among other things, population screening, vaccination programmes, public hygiene, monitoring of the local health situation⁴⁷⁶, and setting up preventive activities.⁴⁷⁷ Furthermore, municipalities are obliged to set out their priorities in four-yearly public health memoranda.

⁴⁷⁵ There is a close relation in this track between public health policy and local welfare policy. The local welfare policy memorandum *Attention for Each Other (Aandacht voor Elkaar, 2007:10*; my translation, RP) mentions the following important objectives: promoting social cohesion and liveability in neighbourhoods, preventive support for adolescents with problems, educational support for parents, promoting social participation and independency of people with mental or non-communicable health issues, the development of mental health care, and social support for vulnerable citizens.

⁴⁷⁶ The city of The Hague has its own 'health monitor' which provides the municipality with information on the health situation of the lower socio-economic strata, of specific migrant groups and of certain neighbourhoods – also in relation to available provisions (including parks and sporting facilities) and level of poverty (*Haagse nota volksgezondheid 2007-2011, 2007:31*).

⁴⁷⁷ *Haagse nota volksgezondheid 2007-2011, 2007:3*.

3.3. *The three strategies of prevention*

Even though the entire policy approach is very broad and also includes elements of health care, labour policy and welfare policy, the following analysis has, for the purposes of this study, been narrowed down to the elements related to prevention. Prevention is an important element in the various activities in the four tracks of the 'Healthy Together' programme: "Prevention is an important focal point of the municipal policy approach. Special attention is directed at risk groups".⁴⁷⁸ Prevention especially plays a role where the aforementioned collective and individual interests converge: a healthy lifestyle. Priorities to promote a healthy lifestyle in The Hague's disadvantaged neighbourhoods include:

- health information, for instance through the internet, at schools, in information leaflets, in mosques and in coffee houses so that the "citizens of The Hague know how to prevent health problems"⁴⁷⁹
- a moderate consumption of alcohol in bars and sport clubs
- non-smoking, through information campaigns and support for people who want to stop smoking
- an active lifestyle through sports campaigns and an expansion of recreation and sports facilities
- a healthy weight through early detection of overweight, healthy meals in school canteens, improving cycling lanes, and supporting people with obesity
- improvement of the indoor climate in schools and houses through ventilation
- prevention and early detection of depression in adolescents⁴⁸⁰

Following the discussion of prevention in the introductory pages of this chapter (Mackenbach & Van der Maas, 2008:192), three preventive policy strategies may be distinguished in the municipal approach to promote a healthy lifestyle.

The first strategy – primary prevention or health promotion – deals with averting the development of disease. In the context of the 'Healthy Together' programme, this strategy includes interventions in the opportunity structure (cycling lanes, smoke-free buildings, healthy canteens, visible staircases as an alternative to elevators in public buildings and apartments) and the transfer of social norms (information campaigns and educational programmes). The second strategy – secondary prevention – deals with early detection to enable early interventions, through, for example, population screening, monitoring of developments in the

⁴⁷⁸ *Samen Gezond*, 2011:15; my translation, RP.

⁴⁷⁹ *Haagse nota volksgezondheid 2007-2011*, 2007:9 (my translation, RP).

⁴⁸⁰ *Haagse nota volksgezondheid 2007-2011*, 2007:14-25.

status of public health, and regular health checks at schools. And the third strategy – tertiary prevention – deals with the prevention of disease progression and the treatment of risk citizens. Examples of tertiary prevention in the ‘Healthy Together’ programme include individual support for citizens with early signs of depression, smoking cessation courses and programmes to lose weight.

Secondary and tertiary prevention have been broadly interpreted in the above. Both notions not only include the early detection of diseases and the prevention of disease progression, but also the early detection and progression of risk factors for the development of diseases. For instance, the early detection of obesity and personalised programmes to lose weight are considered forms of prevention, since they aim to avert the progression of a condition that is perceived as an important risk factor for the development of non-communicable diseases.⁴⁸¹

An archetypal example of prevention is the approach to obesity in children in disadvantaged neighbourhoods. Three strategies are employed to reduce overweight and to combat obesity: collective prevention of overweight, early detection of overweight and personal support for children with overweight.⁴⁸²

The collective prevention of overweight aims at intervening before overweight occurs: “The best way to prevent health problems as a result of overweight is, of course, to prevent children from becoming too heavy in the first place”.⁴⁸³ Information on healthy nutrition and physical exercise are crucial, but not enough. Even with the proper knowledge, behaviour is difficult to change. In the words of an interviewee: “Everybody has his routines and habits. Informing people is often insufficient and complementary activities are necessary to persuade people to change their lifestyle. Many people do not even realise they have a problem. It is often difficult to convince somebody with overweight who has not yet experienced any health complaints. We should not try to be paternalistic, but instead try to activate people by relating to their daily life and their interests”.

Therefore, several complementary interventions have been developed. Some of these aim to influence the opportunity structure: “The municipality of The Hague is tackling the ‘fat-making environment’. School canteens should offer

⁴⁸¹ Overweight and obesity are important risk factors for the development of non-communicable diseases, such as cardiovascular diseases, asthma, diabetes and cancer. Overweight is in most cases caused by an unhealthy lifestyle. At the moment, roughly 10% of the Dutch population is overweight. This may not seem much in comparison to the US (31%) and the UK (23%), but this does not necessarily make it a minor problem. Moreover, the percentage of overweight among Dutch children is considerably higher than the population figure (14%). These data were presented at a municipal conference on overweight issues in The Hague d.d. 6-10-2011.

⁴⁸² *Gezond Gewicht 2010-2014*, 2011:9.

⁴⁸³ *Vier jaar Gezond Gewicht*, 2010:10.

healthier meals. Cycling routes should be safer. The municipality wants to stimulate adolescents to join a sports club. The environment of children and adolescents should be changed in such a way that they will exercise more and eat a healthier diet".⁴⁸⁴ Implementation occurs in close proximity to citizens: in their neighbourhood (for instance by creating sports facilities),⁴⁸⁵ at school through health education, healthy canteens, parental commitment and physical education,⁴⁸⁶ and in the home situation (for instance through educational programmes on the local television channel, self-tests on the internet, and a tear-off calendar with health tips).⁴⁸⁷ Furthermore, several activities have been developed to stimulate physical exercise among children and adolescents, ranging from outdoor play-time afternoons and dancing lessons⁴⁸⁸ to educational programmes with fitness tests⁴⁸⁹ and a national 'healthy school' competition.⁴⁹⁰

However, in some cases and for some children, collective prevention will not be enough to stop the development of overweight. Early detection of overweight aims to identify children with overweight as soon as possible: "Because we know that overweight occurs increasingly often among children, it is necessary to keep a close eye on them and detect possible abnormalities early on. The sooner an overweight child can be helped, the greater the chance the tide can still be turned".⁴⁹¹ In practice, all children up to four years old are seen a total of 14 times by professionals at well baby clinics, and all children between 4 and 19 years old are seen five times by a school doctor or school nurse.⁴⁹² During these regular health checks, special attention is paid to a child's weight.

If signs of overweight are detected, a form of personal support is offered to the overweight child and its parents: "The purpose of these activities is, of course, to get overweight children back down to a healthy weight".⁴⁹³ The activities for children with overweight aim for a structural lifestyle improvement, as

⁴⁸⁴ <http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/GGD-en-gezondheid/to/Actieprogramma-Gezond-gewicht-1.htm>; consulted d.d. 16-6-2011, my translation, RP.

⁴⁸⁵ *Vier jaar Gezond Gewicht*, 2010:18.

⁴⁸⁶ *Vier jaar Gezond Gewicht*, 2010:15.

⁴⁸⁷ *Vier jaar Gezond Gewicht*, 2010:11-13.

⁴⁸⁸ For instance in the 'Hopla!'-campaign, specifically developed for children up to four years old. See: <http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/GGD-en-gezondheid/to/Hoplacampagne-brengt-kinderen-en-ouders-in-beweging-1.htm>; consulted d.d. 16-6-2011.

⁴⁸⁹ For instance in the project 'Way to go!' (in Dutch: 'Goed bezig!'), specifically developed for young adolescents. See: *Vier jaar Gezond Gewicht*, 2010:24-25.

⁴⁹⁰ In the national competition 'Go for Health!' (in Dutch: 'Ga voor Gezond!'), schools can win points by paying attention to nutrition, physical exercise, security and hygiene. See: *Vier jaar Gezond Gewicht*, 2010:22.

⁴⁹¹ *Vier jaar Gezond Gewicht*, 2010:31; my translation, RP.

⁴⁹² *Vier jaar Gezond Gewicht*, 2010:34.

⁴⁹³ *Vier jaar Gezond Gewicht*, 2010:40; my translation, RP.

well. All professionals working with children can request an extra consultation by a nurse or school doctor, if signs of overweight are detected. Based on this consultation, youth health care and the parents decide what course of action to follow. In some cases, additional consultations with a school doctor are enough to determine an action plan for a healthier lifestyle. In other, more severe cases, parents are advised to place their child in a support group or even in the hands of a paediatric hospital to undergo behavioural therapy.⁴⁹⁴ Between 2006 and 2010, a total of 6553 children received some kind of personal support to help them lose weight.⁴⁹⁵

In the following three paragraphs, the three strategies of collective prevention, early detection and personal support in the 'Healthy Together' programme are discussed in more detail.⁴⁹⁶

3.4. *Collective prevention*

3.4.1. Interventions in the opportunity structure

Citizens make their daily health choices in a given social structure and environment. This opportunity structure is often full of unhealthy temptations, such as fast-food vendors, cigarette vending machines and motorised transport. The Health Department of the municipality of The Hague is working to rearrange the opportunity structure in such a way that people are stimulated to make healthy decisions. For instance, unobstructed walking paths and safe and well-kept cycling lanes will make physical exercise and transport by foot or bicycle more attractive. Furthermore, sports grounds in the neighbourhood create the opportunity for citizens to become active in their own direct living environment. These

⁴⁹⁴ *Vier jaar Gezond Gewicht*, 2010:40-47. Specific interventions include swimming lessons and dietary advice (<http://www.denhaag.nl/home/bewoners/to/Funfit-zwemmen.htm>; consulted d.d. 16-6-2011). And during the 'Real Victory'-programme children exercise and work on a behavioural change over the course of six months under professional supervision (<http://www.denhaag.nl/home/bewoners/to/Real-Victory.htm>; consulted d.d. 16-6-2011).

A final example is the personal support by a school doctor or youth health care employee: "Youth health care has a number of talks with you and your child. Health, height, weight and the eating and exercise pattern are topics during these meetings. We will look for possibilities to change the eating and exercise pattern together with you and your child. You will receive a diary to keep track of what your child eats and drinks and how much it exercises. At the next meeting, we will go over this diary together and you will receive dietary and exercise advice. Another possibility is to refer your child to a dietician, sports club, general practitioner or paediatrician" (<http://www.denhaag.nl/home/bewoners/to/Individuele-begeleiding-van-de-JGZ-bij-overgewicht.htm>; consulted d.d. 16-6-2011).

⁴⁹⁵ *Gezond Gewicht 2010-2014*, 2011:8.

⁴⁹⁶ Empirical findings for the three descriptions were gathered during observations and interviews with professionals involved. See appendix for a more detailed account of the research activities.

health aspects of urban planning are integrated into municipal policymaking and are part of trade-offs in mobility, transport and public housing issues.

In the following, three examples of interventions in the opportunity structure are discussed: the 'Zoneparc' and the 'Sports Garden The Hague', which aim to provide sports facilities for primary schools, and the 'healthy canteen concept', which aims to offer healthy products to students at secondary schools.

The 'Zoneparc' is a specially designed playground on the public square in front of a primary school in one of The Hague's disadvantaged neighbourhoods. The main objectives of the 'Zoneparc' are prevention of health problems as a result of a lack of physical exercise, and improvement of the children's social skills.⁴⁹⁷ The playground is designed to activate as many children as possible simultaneously⁴⁹⁸ by offering a broad variety of sports and activities. Besides a small football pitch, there is a street hockey pitch, a basketball court (all separated by lineation), climbing frames and space for activities such as wave boarding, skating and stilt-walking. The portable goals, balls and other sporting equipment are kept in a container located at the side of the playground. During every playtime, the children can use all materials and the entire playground.

Schoolteachers function as general supervisors, but an important element in the concept of the 'Zoneparc' is the recruitment of the older pupils as assistants and referees. In rotating groups of roughly six, these so called 'heroes' put all the equipment out and function as the supervisor or referee for the various sports activities. This way, use of the 'Zoneparc' can also help to teach children social skills, such as taking responsibility, showing respect towards each other, resolving conflicts without fighting, etc.

⁴⁹⁷ A poor health and a lack of social skills are just two examples of challenges faced by many of the children at this school. The approximately 330 pupils, almost without exception, belong to lower socio-economic strata and from migrant origin. Out of necessity, the school pays much attention to the multiple arrears of many of its pupils. Roughly 70% percent of all classes are spent on Dutch language teaching, yet many children still require extra courses and individual schooling. Other common problems are related to the home situation and parental rearing style and skills. These issues include hanging around with (older) friends in the neighbourhood without parental supervision, and annoying and sometimes even criminal behaviour in the public domain.

Moreover, the overall security situation of the neighbourhood is cause for concern. Some ten years ago, the school surroundings were often too dangerous to play outside, and it was not uncommon for local drug dealers to make small pupils deliver packages in the neighbourhood. Thanks to strict police action, the situation has improved and most drug dealers have been removed from the neighbourhood. However, the security situation remains precarious.

⁴⁹⁸ Before the construction of the 'Zoneparc', the playground consisted of merely two football goals. As a result, only a few children – usually the oldest and biggest boys – exercised during playtime.

A similar intervention in the opportunity structure is the so-called 'Sports Garden The Hague', established on the grounds behind a primary school in another disadvantaged neighbourhood. A lack of sports courts in their direct living environment made it difficult for children to exercise and engage in different types of sport. The available public playgrounds hardly qualified as sports facilities. Moreover, the public playgrounds are often dangerous. A nearby fenced-off football court is hardly used by younger children. Instead, adolescents hang about, drug addicts stroll around and their dealers frequent the courts at night. According to one of the teachers at the primary school "many parents are afraid to let their child wander off in the neighbourhood to play. It's simply too dangerous. Many of them now literally play on their small balcony or sit in front of the television with a bag of crisps".

For a number of years, now, the 'Sports Garden The Hague' has served as an alternative to these public playgrounds. The 'Sports Garden' is a closed-off, private and CCTV-monitored terrain, located in an area behind several housing blocks and a primary school. The roughly 2000 square meters are designed as a multifunctional sports complex with four fields, on which a total of 14 sports can be practised. Nine primary schools in the neighbourhood as well as local sport clubs can sign in for use of the 'Sports Garden'. Children are offered a broad choice of sports lessons. These lessons are not compulsory, but are complementary to the regular physical education classes at primary schools. Some 500 children use the 'Sports Garden' every week.

The 'Sports Garden' offers children the opportunity to exercise in a secure environment, in their own neighbourhood and under the supervision of sports club coaches, who can instruct them on the specific rules of each sport. The objective is to activate more children and to motivate them and their parents to join a sports club. The 'Sports Garden' functions as a bridge between the children and parents with whom the primary schools involved have direct contact, on the one hand, and the sport clubs on the other hand, which are usually located far outside the children's direct neighbourhood.⁴⁹⁹

Besides creating the facilities for physical exercise, influencing available food choices is typical for interventions in the opportunity structure. For instance, the 'healthy school canteen' concept, which has been introduced at a secondary school for vocational education in The Hague, aims to improve and expand the selection of healthy foods offered in the canteen. Fast food and energy drinks are popular among adolescents, but are also an evident source of overweight. Offering healthy meals is a strategy deployed to reduce overweight among adolescents, especially

⁴⁹⁹ See also <http://www.sporttuinschilderswijk.nl/>; consulted d.d. 4-10-2011.

since many of the roughly 160 students do not bring a lunch with them from home – many of them simply receive a daily allowance from their parents to buy food.

In the canteen of the school participating in this project, roughly 80% of all meals, snacks and drinks are healthy choices. A canteen serving 100% healthy food would probably scare off many students. Therefore, the school tries to keep a balance between offering healthy food and offering food according to the students' demands. Since the students can leave the school premises during lunch breaks, they can easily walk into town and buy an unhealthy meal there. Moreover, unhealthy food is often cheaper than healthy meals. In fact, the flashing lights of a cheap pizza place just across the street are visible from the windows of the school canteen. In this case, temptation is literally just around the corner. However, in the planned construction of a new school building, the courtyard is situated in an inner garden. This will allow the school to keep students on the premises during lunch breaks. As a result, they will be 'forced' to eat the food they bring from home or buy in the school canteen.

3.4.2. The transfer of health norms

A second municipal collective disease prevention strategy is the transfer of health norms. This strategy includes providing health information to enable citizens to make rational lifestyle choices. But the transfer of health norms is a broader strategy. Several activities have been developed to make healthy living the norm. Besides providing rational information, other activities include education and training, activating the social context, health projects and activities, and normative appeals to citizens in health campaigns. In many of these activities, enticement is the main technique used to communicate health norms.

Since 2006, for example, The Hague has been one of the adopting municipalities of the "Healthy Weight for Adolescents Approach"⁵⁰⁰ – an approach developed as part of the national 'Covenant on Obesity'.⁵⁰¹ A coordinated set of interventions, ranging from collective prevention to early detection and personal support, aims to make "healthy living the norm in a [...] municipality. This is immediately noticeable in various areas: the sufficient number of cycling paths, the limited selection of snacks available in school canteens and the fact that healthy products are placed at eye level in supermarkets".⁵⁰² Also part of this approach

⁵⁰⁰ In Dutch: "Jongeren op Gezond Gewicht" or "JOGG" (my translation, RP).

⁵⁰¹ in Dutch: *Convenant Overgewicht*; TK 2004-2005, 22894/51.

⁵⁰² <http://www.jongerenopgezondgewicht.nl/>; consulted d.d. 4-10-2011. This website also presents a 'model week' of an imaginary child, 10-year old Edwin: "(07.00 hrs) Edwin wakes up. He receives a message on his cell phone via a popular social network that two boys from the local football club's first team will be giving a football-clinic in the neighbourhood; (07.30 hrs) Since the school's 'breakfast week', Edwin's mother has bought wholemeal bread during week-

are efforts to get the message across that children should “eat a healthy diet and get enough exercise”. More specifically, the city of The Hague has formulated six “life rules” for parents, children and their social environment: “breast feeding is preferred; exercise every day; have breakfast every day; drink water from the tap and avoid sweet beverages; [eat] fruit; turn off the television and pc more often”.⁵⁰³

An important instrument to communicate these life rules is ‘social marketing’, or the use of commercial marketing concepts to realise behavioural change: “Adolescents and their parents are persuaded, consciously or unconsciously, to exhibit healthier behaviour. We do not want to preach, but to persuade adolescents to voluntarily make healthy lifestyle choices [...]”.⁵⁰⁴ Instead of merely providing objective information or being overtly normative or paternalistic about healthy behaviour, enticement is regarded as the most effective technique to realise behavioural change. Enticement appeals to citizens’ self-interest in a healthy life (social and economic participation), and does so by showing how easy healthy behaviour can be and, especially in the case of children and adolescents, how much fun healthy behaviour can be.

Schools play an important role in the transfer of health norms. A focus on children and adolescents is logical from a preventive perspective, since especially children are highly receptive to learning a healthier lifestyle. Furthermore, all children can be reached through school. Even if parents are not inclined to visit general practitioners or youth health care, their children attend school and are exposed to health education.

Schools have a role as “co-educator” or “co-norm setter”.⁵⁰⁵ In the words of one of the teachers interviewed: “Sometimes you basically have a role as second educator. And maybe even the role of first educator in a few cases in which parents fail to take up this role”. This role is justified by the fact that children, on their own, do not choose unhealthy behaviours. In more than 95% of all cases, overweight is caused by an unhealthy lifestyle: too much food and too little exercise. Children do not choose their lifestyle consciously. Parents often decide what their children eat and how often and how long they play outside, watch television and

days. The bakery, which also participated in the ‘breakfast week’, has plenty of wholemeal bread on offer; (08.00 hrs) Edwin cycles to school with a friend on the new cycle path along a busy road; (12.00 hrs) The teacher distributed fruit cocktails during the lunch; (14.00 hrs) During math class, Edwin calculates how many minutes he has to run in order to burn a hamburger; (16.00 hrs) Edwin participates in the football clinic in the local square. Those boys from the first team are really good; he wants to become just as good!”

⁵⁰³ *Gezond Gewicht 2010-2014*, 2011:14.

⁵⁰⁴ *Gezond Gewicht 2010-2014*, 2011:12.

⁵⁰⁵ *Natuurlijk: matig met alcohol!*, 2007:22 (my translation, RP).

exercise. Therefore, children and parents should learn how much fun it can be to get enough exercise, and be made aware of the importance of a healthy diet. And school can support them in this".⁵⁰⁶

One way to do this is by incorporating health education at the aforementioned primary school into activities, such as a 'health week', during which children are introduced to several sports and informed about the dangers of unhealthy behaviour. Furthermore, according to one of the teachers, it is crucial "to keep harping on the fact that energy drinks and soft drinks are unhealthy". Sometimes, schools deliberately "put the pressure on" by confronting parents to change their nutritional and exercise habits, especially when children show signs of obesity. This technique is sometimes necessary to change the way parents think about overweight. For instance, it is not uncommon for Turkish mothers to view overweight as a sign of prosperity. Yet information alone is in many of these cases not enough to impact on such deeply engrained ways of thinking.

Another educational example comes from the aforementioned secondary school. This school has introduced the 'Healthy School' concept,⁵⁰⁷ a coherent approach comprising various activities and measures to improve the students' lifestyle. Sports and exercise, nutrition, health education, parent participation, and psychological and social-emotional support are part of the school's efforts.⁵⁰⁸ More specifically, activities at this secondary school include:

- one hour a day compulsory physical education;
- a strict monitoring of absenteeism (including house visits in case of repeated absence)
- an outreach approach to all first-year students to assess their home situation
- a smoking ban in the school building (smoking cannot be banned outside, but the school has passed a rule allowing smoking on the premises only behind a small outbuilding out of everybody's sight)
- health education according to a 'show, don't tell' strategy (for instance by showing how many sugar cubes go into an energy drink, showing pictures of smoke-infected lungs, and organising workshops on preparing healthy smoothies)
- collective breakfast in the classroom once a week (since it is not uncommon for students to skip breakfast at home)

⁵⁰⁶ *Project 'meten & wegen'* (2006).

⁵⁰⁷ *Prisma College Gezonde School: plan van aanpak* (2011). This concept is supported by Dutch government. Information and tools can be found on the governmental website <http://www.gezondeschool.info/>; consulted d.d. 4-10-2011.

⁵⁰⁸ *Prisma College Gezonde School: plan van aanpak* (2011:8).

Another example of the transfer of social norms is directed at adults. In one of the disadvantaged neighbourhoods, mothers are trained to become “ambassadors” of the municipal approach towards overweight and obesity. The objective of this training is broader than merely educating these mothers on a healthy lifestyle. Instead, it also aims to improve the health literacy rate, especially among migrant families. It is not uncommon for migrant families to have little knowledge of the importance of healthy behaviour or of the Dutch health care system. Moreover, these families are often difficult for regular health services to reach, due to language and cultural barriers.

The objective is to train a group of roughly 14 mothers per session to inform, educate and activate other mothers from their own ethnic and cultural background. At the end of the training – which consists of eight morning sessions – they receive a diploma, and, more importantly, they are equipped to independently organise activities. The “ambassadors” voluntarily promote the municipal approach in a distinctively different way than municipal welfare organisations do. What they may lack in organising skills, a knowledge of health issues, and mastery of the Dutch language, they make up for in their ability to get through to people who are difficult to reach for municipal and welfare professionals.⁵⁰⁹ Moreover, an important side effect is the social activation of these mothers, who often have a very narrow social life and only seldom leave their home.

During the various training sessions, the mothers generate ideas for health activities and learn to systematically carry out these activities.⁵¹⁰ Specific activities include cooking lessons for other mothers, practising how to make a healthy shopping list, a workshop on healthy treats for birthdays, a dancing event, cycling lessons, a healthy barbecue, hiking trails, and so on. In the words of one of

⁵⁰⁹ In a similar way, local welfare organisation ‘STIOM’ uses its network of volunteers to reach citizens who are usually unreceptive to normal health information, such as advice by the general practitioner or information brochures. Typical target groups are migrants, whose mastery of the Dutch language is insufficient or whose cultural background favours verbal instead of written communication. An example is the project ‘Swarming for an active life’ (in Dutch: ‘zwermen voor actief leven’), a mass communication method for which a small group of volunteers was trained to spread health information (for instance on breast cancer) in their own direct social and cultural network.

⁵¹⁰ Four questions are relevant for every health activity: what is the subject? What is the purpose? How can it be organised? What is the planning? During the training sessions, these four questions serve as the guideline for the mothers. The supervising welfare professional stresses the organising capacities, which is mostly a matter of ‘significant details’: how and when do you inform your target group? How do you keep in touch with your participants? What to do when people fail to show up for an activity? What to do when participants refuse to pay a small financial contribution for an activity? Furthermore, the welfare professional serves as a link with the Municipal Health Service, which can distribute information leaflets on healthy nutrition or may have small budgets for health activities (such as an allowance of 30 euro for expenses made in a workshop on healthy birthday treats at a primary school).

the mothers, the basic idea is “to stimulate healthy behaviour and change lifestyle by giving parents information about healthy nutrition for their children”.

A final example of the activities developed to transfer health norms are information campaigns. Here too, arguments other than pure rational persuasion can be used. Campaigns are not necessarily limited to merely providing information to citizens, but can also express a norm for healthy behaviour. For instance, a recent municipal anti-smoking campaign was entitled “Smoking is ‘not done’ in The Hague”.⁵¹¹

Complementary to courses to stop smoking and smoking bans for schools, bars and public buildings, information campaigns in citizens’ direct living environments (schools, bars and community centres) aim to convey the importance of non-smoking: “It is crucial to stop smoking. For your own health and for the health of passive smokers”.⁵¹²

3.5. Early detection

Collective prevention is not always able to avert health risks or change undesirable behaviour. Therefore, the municipal authorities have developed several activities to detect risk factors for the development of health problems at an early stage. Some of these are part of general youth health care, while other are complementary activities within the ‘Healthy Together’ programme. Early detection is preventive in two ways: first, it aims to detect and select risk citizens among the general population, and second, it aims to make interventions possible when an undesirable future can still be averted. Early detection is the precondition and selection mechanism for early intervention.

Early detection is deemed important because health problems can develop at an early age – for instance, overweight already occurs among pre-schoolers. There is also a better chance of averting health problems if interventions take place at an early stage, as well as a chance of stopping a ‘vicious cycle’ of unhealthy behaviour in families. After all, if people develop overweight at an early age, chances are high they will also be overweight as adults. Moreover, overweight can be ‘hereditary’: if parents are overweight, the odds are that their children will be overweight as well. These realisations led to an emphasis on early detection of health risks and problems among children.

⁵¹¹ <http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/to/Roken-in-Den-Haag.htm>; consulted d.d. 16-6-2011.

⁵¹² <http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/to/Roken-in-Den-Haag.htm>; consulted d.d. 16-6-2011.

Schools are an important site for the detection of all sorts of problems in the upbringing of children. These range from language arrears to behavioural problems, and from parental neglect to overweight. In the words of one of the teachers at a primary school in The Hague: “Sometimes we see more than the parents do, since their authority over their children often ends at the front door of their house. They simply have no idea of what their children do at school or in the streets”. Primary schools play a particularly important role in this context,⁵¹³ since – in the words of one of the teachers at a primary school – “conventional wisdom among teachers holds that you can still do something about overweight and still prevent children from ending up in a youth gang before they go to secondary school. After that, you are often too late to turn around certain developments”.

An example of early detection of children with overweight at primary schools is the project ‘The Physical Education Teacher, a Weighty Matter’.⁵¹⁴ It has long been common practice for school doctors to visit all Dutch children at intervals throughout their school years to check their physical development. However, the municipality of The Hague has also invested in a project under which primary schools assess their pupils’ body weight on a yearly basis. Gym teachers are educated and subsidised to “measure and weigh” the pupils at their primary school. At the time of this study, a total of 50 primary schools were participating in this project.⁵¹⁵ If parents do not wish their child to be weighed, they can make this known to the gym teacher.⁵¹⁶

A child can fall into several categories according to the BMI-index: ‘underweight’, ‘healthy weight’, ‘overweight’ or ‘obese’. Weighing the pupils on a yearly basis enables their weight development to be monitored, and a quick response to signs of overweight: “An ever increasing number of children is overweight. The sooner we detect this, the easier it is to do something about it. This way, we can prevent children with overweight from becoming obese”. ‘Doing something about it’ means referring pupils with overweight – after parental consent – to their general practitioner or to youth health care services⁵¹⁷ for additional research.

⁵¹³ However, early detection is not limited to primary schools. For instance, the aforementioned secondary school which has implemented the ‘healthy canteen’ concept strives to visit every pupil at home in their first year to talk with the parents and assess the home situation. During these visits, welfare workers pay attention to the motivation of parents, to the tidiness of the household, to the toys lying around, to the space children have to play, to signs of tension among the family members, et cetera.

⁵¹⁴ In Dutch: ‘Gewichtige Vakleerkracht Lichamelijke Opvoeding’.

⁵¹⁵ <http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/GGD-en-gezondheid/to/Gewichtige-Vakleerkracht-het-project.htm>; consulted d.d. 16-6-2011.

⁵¹⁶ Project ‘*meten & wegen*’ (2006).

⁵¹⁷ In Dutch: Jeugdgezondheidszorg (JGZ).

There are also efforts⁵¹⁸ to implement a standardised referral protocol for children with overweight, based on a national 'obesity health care standard'.⁵¹⁹ This protocol aims to organise a 'chain' around the 'patient', consisting of schools, sports clubs, general practitioners, welfare organisations, Centres for Youth and Family, municipal health services, and the municipality. The protocol serves as the link between early detection and individual support towards identified risk children.⁵²⁰

A core element of this protocol is the central role of the general practitioner in the diagnosis and referral of children with overweight. Schools, welfare organisations and youth health care services can refer a child with signs of overweight to the general practitioner. In case of minor overweight, general practitioners can refer the child to youth health care services for a support programme to lose weight (if necessary with the help of a dietician). In the case of severe overweight or obesity,⁵²¹ the child is referred to a paediatrician at the local hospital, who can offer an intensive programme to lose weight, change lifestyle habits and improve the child's general wellbeing.

A final example of early detection comes from the realm of school absenteeism. Since 2009, 'preventive compulsory education officers' in The Hague's four disadvantaged neighbourhoods have been charged with the task of early detection of presumed unauthorised absence.⁵²² They work in close cooperation with schools on the basis of a so called "escalation ladder" for absenteeism. After three reports of unauthorised absence or truancy, the school sends a letter to the parents of the pupil involved; after six reports the school invites the parents for a meeting; after seven reports the preventive officer has a "preventive talk" with the pupil; after eight reports the preventive officer makes a house call; and only if all this has

⁵¹⁸ A proposal for such a referral protocol was presented at a conference on obesity issues in The Hague d.d. 6-10-2011. Roughly 200 participants from local health care organisations, youth care, schools and various welfare organisations gathered to discuss a more coordinated approach to early detection and referral of children with overweight and obesity.

⁵¹⁹ In Dutch: 'zorgstandaard obesitas' (see http://www.partnerschapovergewicht.nl/site_files/uploads/Samenvatting%20Zorgstandaard%20Obesitas.pdf; consulted d.d. 9-10-2011)

⁵²⁰ Besides this protocol, there is a municipal workgroup on obesity in which general practitioners, municipal health service, youth care, municipality and children's hospital meet several times a year to discuss and establish the criteria for referral of obese children to the various available programmes.

⁵²¹ And also in case of neglect, abuse, underlying disorders such as retardation or if a previous lifestyle intervention has proved ineffective.

⁵²² There are also cases in which children are called in sick by their parents that are indicative of more structural (and not necessarily health-related) problems at home or in their upbringing. These cases are discussed at school in so called 'care advisory teams', in which several welfare organisations and police decide on personalised approaches towards adolescents to prevent them from dropping out of school.

proven ineffective, after a ninth unauthorised absence a regular truant officer is informed (in accordance with legal regulations).

The preventive compulsory education officer warns an adolescent and his or her parents of the consequences of further truancy, and tries to assess the reasons for prolonged absenteeism (such as problems in the home situation).⁵²³ Furthermore, preventive compulsory education officers also organise proactive street campaigns in cooperation with the police twice a month. If they suspect an adolescent should be at school instead of hanging around in a shopping mall or a public square, the adolescent is detained, and his parents or the school will be contacted on the spot to check whether this is a case of unauthorised absence.

3.6. Personal support

3.6.1. Low-threshold services

The municipality of The Hague offers or subsidises various services for people with beginning health problems or at a high risk of developing health problems in the future. These services aim to mitigate the negative effects of the already established health problems or aim to prevent the risks from developing into actual problems.

In the following, three examples of services to promote physical exercise, support people with developing mental problems, and help people to stop smoking are discussed. Contrary to more ‘outreaching’ forms of care – which are discussed in the following subparagraph – citizens usually apply for these services themselves. The Municipality and welfare organisations involved try to keep the threshold for citizens as low as possible.

For 14 years now, a community centre in one of The Hague’s disadvantaged neighbourhoods has organised cycling lessons.⁵²⁴ These lessons are mostly attended by migrant women. The course consists of ten lessons. In groups of roughly twelve participants, dressed in orange smocks, and supervised by four or five coaches, the women learn to ride a bike in a nearby public park and on quiet public roads. Among the coaches are several so called ‘cycling buddies’. These

⁵²³ By contrast, ‘regular’ truant officers use a more repressive strategy. They have the authority to charge an adolescent in the case of twelve unauthorised absences, and to propose community service as an alternative sanction. If the parents are not to blame for their child’s unauthorised absence, the adolescent himself will be fined.

⁵²⁴ On average, roughly 200 women participate in the various activities offered by the community centre, which range from language courses to sewing lessons. The training for the aforementioned ‘ambassadors’ of the local ‘Healthy Weight for Adolescents Approach’ is also organised at this community centre. In principle, people apply voluntarily. Only social security recipients are obliged to do volunteer work, which is also often organised by the community centre.

'buddies' are women who have completed the course in the past and have received extended training to become a coach for new classes. According to a large notice board near the entrance to the community centre, these lessons have three objectives: "the concept of cycling buddies improves cycling skills, encourages the women to get more physical exercise, and stimulates their meeting women from other cultures".

Self-help websites are another form of low-threshold service provision. Especially in the realm of mental health care, websites are used to provide information and support to citizens. People can visit these websites from the comfort, anonymity and privacy of their own home. Besides offering information about the first signs of a depression⁵²⁵ or on typical adolescent issues,⁵²⁶ these websites also provide the opportunity to interact in group chats or to have an electronic expert consultation. People can receive advice by e-mail, talk about their problems in a private chat room, do online tests, and follow an online course. The main objectives of these websites are to provide information and to help people (and especially adolescents) to break through certain behavioural patterns or prevent a relapse into old habits and problems.

Phone lines are another technological instrument that are employed to provide low-threshold and private services to citizens. For instance, the national tobacco prevention centre offers 'telephone coaching' for people who want support in their efforts to quit smoking.⁵²⁷ In the course of seven consultations, spread out over a period of three to four months, an employee of the tobacco prevention centre provides information and motivation over the telephone. The first consultation is an 'intake' of roughly half an hour, during which an employee asks about a person's smoking history, smoking habits and reasons to quit. During the following consultations, which last about 15 minutes each, an employee gives advice on dealing with withdrawal symptoms to prevent relapse.

Also in the realm of tobacco prevention, courses are organised at the neighbourhood level to provide support to people attempting to quit smoking. Participants are invited to information meetings where the dangers of smoking are high-

⁵²⁵ <http://www.gripopjedip.nl/nl/Home/>; consulted d.d. 13-10-2011.

⁵²⁶ <http://www.mindyourownlife.nl/>; consulted d.d. 13-10-2011.

⁵²⁷ 'Stivoro', active since 1974, develops campaigns to inform citizens about the dangers of smoking and activities to help people stop smoking. As of 1-1-2011, health care insurance companies became obliged to compensate their clients for the costs of support to stop smoking. This has led to an increase in applicants for 'telephone coaching' from 600 to 6000. However, this obligation was abolished as of 1-1-2012. Moreover, national government has stopped subsidising Stivoro as part of its cutback programme. Stivoro does have other sponsors, such as the cancer fund, but this still is a significant income reduction.

lighted. These meetings are often organised in community centres or at the places where smoking is an important part of a culture, such as coffee houses in disadvantaged neighbourhoods. Awareness is the first step to motivate people to give up smoking. The second step can take the form of a low-threshold training to motivate people to stop.

This 'Seize Your Chance' training⁵²⁸ consists of nine group meetings during which people are motivated to stop smoking under the professional supervision of a tobacco prevention centre employee. A typical meeting proceeds roughly as follows. In the early evening, several people gather at the 'health centre' in one of The Hague's most disadvantaged neighbourhoods. The eight participants are bound together by a shared ambition: to stop smoking and prevent relapse. Some participants have already stopped smoking, other have not (yet).

A part of the meeting consists of a discussion on topics related to the difficulties people can face when they quit smoking. For instance, the participants discuss dealing with stressful situations and finding relaxation in other things than smoking. Another part of the meeting consists of measuring each participant's level of carbon monoxide by means of a breath analyser. Each participant receives his or her result immediately: a low level affirms he or she has not smoked recently and serves as a motivation to keep up their discipline, while a high level confronts the participant with his still persistent smoking habits and with the harmful effects this may have on his health. This smokers' equivalent of the weighing scale provides more than information: it motivates and confronts at the same time.

3.6.2. Outreach support

Besides individual support in the form of low-threshold services, individual support can also take the form of personalised interventions as a follow-up to early detection of health problems or health risks, such as overweight or signs of mental disorder. These interventions are not a form of service provision to the general public, but are instead a form of outreach support to those who have not sought help themselves. People are still free to decide whether or not to accept this offer of care, but they are actively approached by welfare workers and general practitioners, who attempt to persuade them to accept the offered care. In the following, several examples of this type of support in the 'Healthy Together' programme are discussed.

⁵²⁸ In Dutch: 'pak je kans training'.

An example of a follow-up activity after the early detection of overweight (as discussed above) is the family-oriented approach known as 'The Hague buddies'.⁵²⁹ This is a long-term behavioural intervention for children between 8 and 17 years old, who have been identified by a general practitioner as being extremely overweight (obese).⁵³⁰ Eligibility criteria are "[...] overweight or obesity, and increased risk of co-morbidity (e.g. hypertension, family history of diabetes mellitus and/or hypercholesterolemia and/or cardiovascular disease before the age of 55, Hindustani ethnicity⁵³¹)" (Vos, 2011:21).

The intervention 'The Hague buddies' is more than a weight reduction course. The "intervention aims to establish long-term weight reduction and stabilization, reduction of obesity-related health consequences and improvement of self-image by change of lifestyle and education using cognitive behavioral techniques" (Vos, 2011:122). The objective is to realise a structural behavioural change: "You will be provided with advice and support to learn a healthy lifestyle, to which you should stick the rest of your life".⁵³² A child's daily life is the starting point for the intervention. Opportunities to integrate physical exercise into a daily pattern and the way parents determine a child's nutritional and exercise habits are discussed.⁵³³

⁵²⁹ In Dutch: 'Haagse maatjes'.

⁵³⁰ For less severe cases of overweight, there are other treatments available. The 'Funfit' programme was developed for children between 5 and 8 years old with overweight, but with no medical necessity to lose weight. The programme consists of a combination of swimming lessons and nutritional advice. For a personal contribution of 15 euro, children follow ten exercise sessions under professional supervision, as well as several information meetings. The child's parents also attend six information sessions (<http://www.denhaag.nl/home/bewoners/to/Funfit.htm>; consulted d.d. 16-10-2011). Similar in approach is the 'Through thick and thin' programme for children between 9 and 12 years old (in Dutch: 'Door dik en dun'; <http://www.denhaag.nl/home/bewoners/to/Door-dik-en-dun.htm>; consulted d.d. 16-10-2011). A combination of gym classes and information aims to permanently change an unhealthy lifestyle. Furthermore, the 'Real Victory' programme provides six months of exercise for children between 11 and 17 years old under supervision, as well as several information sessions for parents and children (<http://www.denhaag.nl/home/bewoners/to/Real-Victory.htm>; consulted d.d. 16-6-2011).

⁵³¹ People with a Hindustani ethnicity have a genetically determined higher chance of developing diabetes.

⁵³² Information leaflet 'Haagse Maatjes' (my translation, RP).

⁵³³ The programme is supervised by a multidisciplinary treatment team, which consists of a dietician, a child physiotherapist, a psychologist, a social worker and a system therapist. The latter two members of the treatment team are responsible for achieving a lifestyle change in the direct social environment of the child, most importantly in the way parents deal with raising their child with regard to exercise and nutrition. Parents participate in several group sessions to discuss healthy nutrition, product information, supporting children and setting boundaries: "Parents should be a role model for their children, giving a good example through eating healthy food, increasing physical activity and decreasing sedentary activity" (Vos, 2011:24).

The intervention consists of three stages. First, a paediatrician physically examines a child after the referral by a general practitioner. During this examination, attention is paid to the health effects of being obese, and to possible underlying mental and physical disorders.

Second, several consultations are held with the child to establish an overall view of the family situation, the child's lifestyle, and the child's and parents' motivation for the programme. A dietician analyses a family's weight and diet history and provides dietary information. A physiotherapist discusses the balance between energy intake and energy expenditure, and provides exercise advice. And a child psychologist serves as a therapeutic helper and discusses topics such as self-image and confidence.

An information leaflet describes the objective of these consultations as follows: "These people want to talk to you and your parents about everything concerned with your lifestyle and your overweight. For instance, how much you eat and drink, what the rules and agreements are in the home are with regard to eating and drinking, what sort of physical exercise do you get and how much your overweight bothers you".⁵³⁴

The third phase of the intervention is the actual treatment programme. Every child has his or her own personal goals. Furthermore, a personal buddy is assigned to every child for support and motivation during the programme. Education on healthy lifestyle, healthy nutrition, self-confidence and dealing with difficult moments takes place during seven biweekly group sessions (for between eight and ten participants), spread out over three months. As a follow-up, several 'booster sessions' are organised over the course of two years to discuss problem solving and relapse prevention techniques. Besides participating in group sessions, every child works on his or her own personal life style change, which includes integrating physical exercise into their daily life pattern.

While 'The Hague buddies programme' is specifically developed for children and adolescents, the 'Exercise on prescription'⁵³⁵ programme is developed for adults between 18 and 65 years of age with physical complaints resulting from a lack of exercise. The origins of this programme go back to the late 1990s. General practitioners were increasingly being confronted with patients who kept returning every few months with the same complaints, such as joint or neck pain. Instead of

⁵³⁴ Information leaflet 'Haagse Maatjes' (my translation, RP).

⁵³⁵ In Dutch: 'Bewegen op recept'; <http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/to/Gezond-bewegen-en-sporten.htm>; consulted d.d. 16-6-2011. However, per 1-1-2012 the municipal subsidy was stopped as part of a broader set of cutbacks. At the time of the study (fall 2011), there were talks between two health insurance companies and the municipality about developing a stripped down version of 'Exercise on prescription'.

prescribing painkillers to these patients as a temporary solution, they thought physical exercise might be a structural answer to their complaints. The objective of 'Exercise of prescription' was to realise a structural prevention of disease through lifestyle change, instead of an incidental cure through medicine.

The aforementioned group of patients may have access to sports facilities, but for many reasons do not use them. Shame stops overweight people from entering a gym, husbands of migrant women do not allow them to visit sports facilities, or lack of support causes people not to follow through on their intentions to lose weight. The programme 'Exercise on prescription' is specifically developed for adults in the lower socio-economic strata (where overweight is a larger problem than in the higher strata) who do not exercise and, as a result, suffer from health problems (such as diabetes, COPD or disorders of joints) or are at a high risk of developing health problems.

General practitioners and physiotherapists can prescribe exercise treatment for their patients. This prescription allows patients to follow an exercise programme for only a small fee – most of the costs are covered by a municipal subsidy or health care insurance.⁵³⁶ People exercise in small groups with fellow patients over the course of 16 weeks for one hour per week in a nearby gym. The course is preceded by an intake and a fitness test, and concluded with an evaluation and another fitness test to monitor the progress made. Professional supervision is present during the programme to motivate the patients and help them get past difficult moments.

The programme also has an educational element. The objective is to sustain a behavioural change after the actual exercise programme has ended and thereby prevent people from relapsing into old habits. The 'healthy lifestyle' module consists of several information sessions with a dietician (also called 'lifestyle advisor') who advises on healthy nutrition, and of four sessions to acquaint the patients with and stimulate enthusiasm for a variety of sports such as active walking and swimming.

A final example of personal support comes from the realm of mental health care. Here too, children are an important target group. Children growing up in unfavourable circumstances (such as parents with mental disorders and families with a history of domestic violence), children with mild complaints (such as behavioural problems, eating disorders, and anxiety), and children with underdevel-

⁵³⁶ Two health insurance companies with many patients in The Hague's disadvantaged neighbourhoods cover part of the costs of 'Exercise on prescription' for their customers. However, this is only the case if patients already have an 'indication', that is, if they are already suffering from an illness. People with a high risk of developing illnesses have more trouble finding funds. See: "Eindrapportage Bewegen op Recept Nieuwe Stijl Scheveningen" (2011).

oped social skills are eligible for interventions by mental health care.⁵³⁷ Many preventive mental health interventions are either subsidised by the municipality or covered by health insurance after referral by a general practitioner.

The ‘Squeak said the mouse’ intervention⁵³⁸ has been developed for children between 4 and 7 years old, who are or have been confronted with domestic violence, stress, addicted parents, or parents with mild mental complaints. These and other circumstances can lead to neglect of a child, anxiety, a child taking over household responsibilities, underdeveloped communicational skills, et cetera. Statistically, one in three children of parents with addiction or mental problems will go on to develop behavioural problems or mental disorders.⁵³⁹ In most cases, eligible children are referred to mental health care by youth care, schools, general practitioners or the municipal health service.

Once children have been referred, the mental health care organisation seizes this opportunity to bring the entire family into the picture. Before starting the ‘Squeak said the mouse’ intervention, a mental health care employee makes a house call to assess the family situation and gain the trust of the parents. Getting through to parents is not always easy, and house calls “often require patience and persistence; sometimes it takes many phone calls, defying broken door bells and closed doors before you make it into somebody’s house”.⁵⁴⁰ However, according to one of the employees, once inside “it is in most cases immediately clear whether something is wrong in a family, in the way a child interacts with you, its parents or other children, and in the way the household is managed”.

The actual intervention aims to “invest in children’s protective factors”, such as a good parent-child relationship, a supportive social network, and increased social and verbal competences of the child.⁵⁴¹ Over the course of 15 weekly sessions, a group of roughly 8 children is trained to recognise problematic situations and put them into words, to improve their self-image, and to teach them to handle their emotions. This is done in a playful manner: a hand doll in the form of a mouse named ‘Squeak’ introduces a new subject each session, such as anxiety, anger, sadness, self image, happiness and seeking support. The children are invited to help the toy mouse deal with his emotions.

In addition, five group sessions are organised for the parents to discuss issues such as regularity, positive attention and security. At the end of the training,

⁵³⁷ http://www.dejutters.com/dejutters_com/db0719727b78273b604fb3a815168637.php; consulted d.d. 23-9-2011.

⁵³⁸ In Dutch: ‘Piep zei de muis’. The intervention is named after a hand doll in the form of a mouse, which plays an important role during the sessions.

⁵³⁹ “Piep zei de muis”, 2011:11.

⁵⁴⁰ “Piep zei de muis”, 2011:8.

⁵⁴¹ “Piep zei de muis”, 2011:12-13.

the mental health care organisation asks the parents for consent to invite their children to participate in future leisure activities organised by the mental health care department. Especially if there are severe concerns about a child's wellbeing, the mental health care workers will try to keep in touch with a child and its parents.

3.7. Analysis

3.7.1. Healthy in body and mind

The objective of the inquiry into the activities of health promotion in The Hague's municipal policy programme 'Healthy Together' was to gain insight into the role of prevention in these activities, and thereby to support the findings in the aforementioned policy history. An analysis of the intervention repertoire in The Hague showed how the perspective of prevention determines both the selection of the objects of intervention and the nature of the subsequent intervention repertoire.

To start with the former prevention-related characteristic of the 'Healthy Together' programme, of particular concern are non-communicable diseases such as cardiovascular diseases, diabetes and several forms of cancer. Since these diseases can to a large extent be traced back to unhealthy behaviour such as smoking, excessive drinking, lack of physical exercise and poor nutritional habits, the lifestyle of citizens is the logical focal point of the municipal public health policy. Citizens are not the passive victims of disease, but can actively contribute to their own and to public health. Given this objective of behavioural change, not the human body, but *the human mind is the logical object of interventions*.

Taking the human mind as object of intervention implies that citizens are active contributors to their own health. Citizens themselves are responsible for changing their lifestyle. The municipal approach is characterised by the *strategy of enticement*. Enticing citizens to change make positive lifestyle changes appeals to citizens' own responsibility and self-interest on the one hand, while enabling the municipality to express and actively promote certain health norms on the other hand.

Enticement emphasises the choices which citizens themselves can make with regard to lifestyle. It acknowledges that behavioural change often requires more than providing objective health information, but at the same time avoids promoting health norms in an explicitly normative, preachy or imperative manner. People often do not 'automatically' behave rationally, but require complementary interventions in the opportunity structure (such as cycling lanes and healthy canteens), personal motivation to follow through on a lifestyle change

(such as personal support in case of obesity), and the transfer of health norms through health activities, campaigns and education at schools.

At the same time, enticement is more like to yield a sustained lifestyle change as the changes are not imposed: citizens are persuaded, supported, motivated or called upon to make the change voluntarily. In the words of one of the municipal 'health brokers', "interventions have more effect if people have the feeling they can choose a healthier life themselves". Enticement can be understood as a *pedagogical strategy*. It aims to enable people to take responsibility for their own health and does so by using a variety of pedagogical techniques.

3.7.2. The closed order of prevention

The nature of this pedagogical intervention repertoire can be analysed in terms of the common distinction between primary, secondary and tertiary prevention. Primary prevention or 'health promotion' aims to avert the development of diseases through population-level measures and interventions. Secondary prevention is the early detection of diseases, but can also be applied to the early detection of risk factors for the development of non-communicable diseases, such as overweight and obesity. And tertiary prevention refers to the aversion of disease progression, as well as to personalised interventions towards citizens with a high risk of developing non-communicable diseases in the future, for instance as a result of overweight or smoking.

In terms of collective prevention, a distinction can be made between interventions in the opportunity structure and the transfer of health norms. To start with the former, the municipality of The Hague intends to *rearrange the opportunity structure* in such a way that people are stimulated to make healthy decisions. Citizens make their daily health choices in a given social structure and environment. This opportunity structure is often full of unhealthy temptations, such as fast-food vendors, cigarette vending machines and motorised transport. In short, it is a "fat-making environment".⁵⁴² Interventions to promote healthy choices include the construction of unobstructed walking paths and safe and well-kept cycling lanes, the development of sports courts in citizens' direct living environment, and by ensuring that healthy foods are offered in schools canteens.

The *transfer of health norms* intends to raise awareness among the general public on the importance of a healthy lifestyle and appeal to citizens' self-discipline. Ideally, the municipal activities make "healthy living the norm in a [...]"

⁵⁴² <http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/GGD-en-gezondheid/to/Actie-programma-Gezond-gewicht-1.htm>; consulted d.d. 16-6-2011; my translation, RP.

municipality”.⁵⁴³ Providing objective information is one of the techniques employed, but certainly not the only one. A complementary technique is social marketing, which aims to convey the message that it can be easy and fun to integrate “lifestyle rules”⁵⁴⁴ with regard to nutrition and exercise into a daily living pattern. Other techniques include health education at schools, health projects and activities in the neighbourhood, and training mothers to become “ambassadors” of the municipal approach towards overweight and obesity.

In collective prevention, there are no panaceas to realise behavioural change. No single measure or technique is effective enough. Instead, a “*prevention mix*”⁵⁴⁵ is proposed. The broad range of interventions in terms of collective prevention is not a random collection. Instead, it is a deliberate combination of various techniques to increase the chance of ‘getting through’ to citizens. Not every citizen responds in the same way to a measure or incentive. For some, information is enough. For others, social marketing or rearranging the opportunity structure might be more effective.

However, collective prevention is not always successful in preventing diseases or stopping the continuation of an unhealthy lifestyle. To select the individual cases for which collective prevention is insufficient, several forms of *early detection* are included in the programme ‘Healthy Together’. Early detection enables interventions in a stage when an undesirable future can still be averted. As such, it is the precondition and selection mechanism for early interventions.

Of special importance is the identification of health risks among adolescents and especially younger children. The basis for unhealthy habits and routines is often laid at an early age. Moreover, children are more susceptible to behavioural interventions than adults. As such, children form a logical target group for early detection of health risks, such as signs of overweight or mental disorders. Schools have an important role in this respect.⁵⁴⁶ Even when parents are not inclined to visit general practitioners or youth health care, their children can be reached at school.

⁵⁴³ <http://www.jongerenopgezondgewicht.nl/>; consulted d.d. 4-10-2011.

⁵⁴⁴ *Gezond Gewicht 2010-2014*, 2011:14.

⁵⁴⁵ *Natuurlijk: matig met alcohol!*, 2007:12 (my translation, RP).

⁵⁴⁶ Many aspects of the interventions in the programme ‘Healthy Together’ converge at schools – and especially at primary schools: collective prevention in the form of health education and healthy canteens, early detection in the form of regular monitoring of children’s weight, and referral to youth health care or a paediatrician for personal support in case of overweight and obesity. Schools have a role as “co-educator” or “co-norm setter” (*Natuurlijk: matig met alcohol!*, 2007:22; my translation, RP). Children themselves often do not choose an unhealthy life. Parents have a major influence on children’s habits with regard to nutrition and exercise. Schools are especially justified in promoting a healthy lifestyle if parents fail to do so.

The purpose of early detection is the identification of individual citizens at a high risk of developing non-communicable diseases in the future. These citizens are eligible for *personal support*, such as intensive programmes for children, adolescents and adults with overweight or obesity to lose weight and make structural changes in their unhealthy lifestyle. The purpose of these interventions is to mitigate the negative effects of an already established health problem or to prevent health risks from developing into actual problems. Welfare workers and general practitioners do not wait for these citizens to report themselves, but instead try to offer care and support as soon as they have detected health risks.⁵⁴⁷

A general characteristic of this preventive intervention repertoire is its *closed order*. The repertoire presents a 'closed order' in the sense that it, at least ideally, has an all-embracing range. Citizens are enticed to lead a healthy life through population-level interventions in the opportunity structure and through the transfer of health norms. These measures are designed to reach as many people as possible – which does not imply that all measures 'affect' every citizen in the same way.

Ideally, nothing escapes attention in a 'closed order'. If collective measures fail to have the desired effect, there is a broad repertoire for early detection of health risks among the population, as well as a broad awareness among schools, general practitioners and welfare organisations for early signs of health problems.

And finally, the preventive intervention repertoire is a 'closed order' in the sense that, at least ideally, a follow-up activity is organised for every detected health risk. Once a risk is identified, a personalised approach is offered with the objective to structurally prevent this risk from developing into a disease. Ideally, no identified risk is left untouched.

⁵⁴⁷ Besides these 'outreaching approaches', there are also several forms of personal support for which citizens can apply themselves. Examples include cycling lessons for migrant women, self-help websites for mental complaints, and courses to help people quit smoking. The municipality and welfare organisations involved aim to make these services as accessible as possible.

6. CONCLUSION: THE PREVENTION STATE

"Man is not fitted for society by nature, but by discipline."

(Thomas Hobbes, *De Cive*, 1651)

1. Introduction

The case studies⁵⁴⁸ on Dutch crime policy and public health policy reveal that the transformative force of the preventive gaze for our understanding of the state is not just a theoretical presumption, but also an empirical reality. Historically speaking, prevention may not be a new phenomenon, but its increasing influence on the state is. Over the course of 30 years, the approach to crime became transformed from a judicial reaction to problem-oriented proaction. A broad repertoire of technical prevention measures, increased surveillance, interventions in the opportunity structure, early detection of problem adolescents, and detention orders for the treatment of habitual offenders has been developed, which have conspired to render the judicial response the last resort in crime and security policy.

And the approach to public health has seen a transformation from a medical to a behavioural policy paradigm since the 1980s. The 19th century epidemiological paradigm has been expanded from infectious or communicable diseases to typical late-20th and early-21st century lifestyle or non-communicable diseases. Besides prevention of disease as protection against external threats that are beyond the control of individual citizens, prevention concerns the endogenous health threats within the control of individual citizens. Interventions in lifestyle patterns with regard to nutritional habits, physical exercise, and tobacco and alcohol use aim to prevent the development of cardiovascular diseases, diabetes and several forms of cancer.

In the following, these transformations are discussed in more detail to answer the central research question: *How can the impact of the increasing dominance of the preventive gaze on the contemporary Western European state be understood?* Given their degree of similarity, the findings on the developments in

⁵⁴⁸ The conclusions drawn in the following on the impact of the preventive gaze on the state are solely based on the two policy genealogies and not on the three policy practices. These latter served as illustrations – their methodological status does not allow generalised inferences to be made. For a further discussion, see the chapter on the research design.

crime and public health policy are discussed together.⁵⁴⁹ These similarities suggest a common underlying logic of intervention. Based on the case of the Dutch state and on the theoretical notions on Western European state development, a more general theory on developments in the image of the Western European state is presented in the following (e.g. Eisenhardt, 1989).

First, the two tentative or 'sensitising' (Blumer, 1954) presumptions regarding transformations in the range and depth of state interventions are discussed (cf. Finer, 1997:63). Following the immanent logic of the notion of prevention in the opening chapter of this study, the introduction of the preventive gaze in the realm of the state has been presumed to structurally expand the range of state activities and to produce a risk-oriented intervention repertoire. These transformations have been analysed in the case studies of Dutch crime policy and public health policy along the lines of definition power and intervention power.

The former type of power is the capability of a sovereign state to determine the range of its own role and responsibility, as well as the range of politically

⁵⁴⁹ However, the intervention repertoire in crime policy seems to be broader and more in depth than the preventive repertoire in public health policy – even though the latter has seen a politicisation of lifestyle. Several possible explanations suggest themselves for this difference in intervention power.

First of all, crime is related to victimhood – either directly or indirectly in terms of feelings of insecurity among the general public. In contrast, the relation between unhealthy behaviour and societal problems is less obvious. On an aggregated level, poor public health will affect society's labour productivity. A person is the victim of his own unhealthy behaviour, but the victim of someone else's criminal behaviour. As a consequence, citizens' own responsibility for health tends to be a more valid argument than citizen's own responsibility for preventing his becoming a victim of crime (even though citizens are actively spurred to improve technical prevention with regard to their property). Support for this argument can be found in the relatively strict approach to smoking: the fact that passive smokers are unwilling victims has served as an important justification for more intensive interventions.

Second, crimes are committed by a relatively small number of citizens, whereas unhealthy behaviour is a more general societal characteristic. As a result, individual criminals or risk citizens can be isolated from the general public as the object of in-depth interventions. Deviant behaviour in crime policy is limited to a minority, as a result of which law-abiding citizens tend to feel less affected by many interventions, even if these are directed at the public domain. For instance, when, in response to increased surveillance and monitoring, people claim they have 'nothing to hide', they are expressing the feeling that surveillance is there to protect them against a deviant minority. In contrast, unhealthy behaviour is characteristic for a far larger part of the population. As a result, more people feel affected instead of protected by public health interventions. This might limit the justification for more in-depth state interventions.

And third, the negative effects of criminal behaviour are more immediate than the negative effects of unhealthy behaviour. Health problems tend to become visible after an extended period of time, whereas victimhood occurs immediately after a crime has been committed. The visibility of a problem might be a justification for a more intensive policy and the lack of visibility might lead to underestimation of a problem.

relevant societal phenomena. Constituting elements of definition power are the definition of problems for which the state is called into action, the objectives to be pursued by this action, and the limitation of responsibility for the approach of identified problems. The latter type of power is the capability of a sovereign state to determine the nature of state interventions, as well as the depth to which state power should penetrate into society. Constituting elements of intervention power are the organisational characteristics of the state's intervention repertoire, the identification of objects of intervention, and the repertoire of techniques and instruments to exert power.

In line with the theory-generating objective of this study, the following analysis of transformations in Dutch crime policy and public health policy is structured as an outline of the '*prevention state*'.⁵⁵⁰ This notion is put forth to give conceptual coherence to the developments described in the two case studies. Next to the images of the constitutional state and the welfare state⁵⁵¹, the notion of a prevention state is put forward as a means to understand contemporary Western European political reality.

The introduction of this notion does not aim to suggest that every activity of the contemporary state can be understood through this lens. Instead, it deliberately focuses on one element of state development in order to show a substantial transformation in our understanding of the state. This does not rule out the relevance of other labels, which focus on different important aspects – such as the aforementioned constitutional state, welfare state and regulatory state. Moreover, a singular notion such as the '*prevention state*' is always a deliberate simplification from a far more heterogenous intervention repertoire. For instance, developments in crime policy also show an increase in repression and not merely in prevention. Also, there might even be examples of practices going against prevention, such as more '*resilient*' strategies in flood prevention, traffic safety and nuclear safety (cf. Wildavsky, 1988) and widespread risk-taking practices by citizens in entrepreneurship, sports and gambling. However, these and other counter-indications cannot divert attention from the transformations described in this study.

⁵⁵⁰ This term, or an equivalent thereof, was also used by Denninger (1990), Steiker (1998), Krasmann (2007), Van Gunsteren (2008) and Huster and Rudolph (2008) in their analyses of contemporary policymaking, most notably contemporary crime policy.

⁵⁵¹ These are, however, not the only possible concepts to refer to the image of the contemporary state. For instance, other authors analysing contemporary developments have referred to the '*regulatory state*' (Majone, 1994), the '*surveillance state*' (Lyon, 2007), the '*panoptic state*' (Bannister, 2005) or the '*empty state*' (Frissen, 1999).

Second, the outline of the prevention state is followed by a discussion of the historical context in which its emergence can be understood. This includes an analysis of the way the previously identified mechanisms of state development have been actuated by the preventive gaze. In the crime policy case, concerns for the state's role as ultimate arbiter in society and popular concerns for public order relate to mechanisms of state development. And in the public health policy case, important mechanisms are concerns for the labour productivity, as well as popular demands for facilities to lead a healthier life. A discussion of these mechanisms aims to gain tentative insight into the way the preventive gaze has moved contemporary political reality beyond the images of the constitutional and welfare state.

The mechanisms of state development provide an understanding of the specific historical trajectory of the prevention state, but do not provide insight into the social conditions under which these developments take place, and of which these developments are a logical or understandable consequence. For this purpose, specific characteristics of the contemporary Western European belief system and social system are discussed. The preventive gaze is a defining characteristic of the Western European belief system and determines the way we perceive and deal with risks and vulnerabilities. And the specific characteristics of late-modern industrialised, individualisation and urbanised societies determine to a large extent the nature of the risks identified by the preventive gaze. Prevention is not just a policy strategy, but is part of a broader cultural pattern and is, therefore, an almost inescapable way of looking at social reality.

Finally, several implications of the emergence of the prevention state for the relation between state and society are discussed. The expansive tendencies of the preventive gaze have important consequences for the range and depth of state interventions. The range of state interventions is broadened to include many forms of everyday behaviour and thus silently usurps previously state-free domains of social life. For instance, crime prevention implies an increase of surveillance in the public domain, and prevention of health risks implies a politicisation of lifestyle.

The depth of state interventions is determined by the objective to influence the perceived causes of potential harm. The preventive gaze identifies risks and targets these perceived causes for state intervention. In social policies, this implies an emphasis on behavioural interventions and a subsequent politicisation of everyday life. The chapter concludes with a discussion on the necessity and possibility of a moderation of prevention.

2. An outline of the prevention state

2.1. Definition power

2.1.1. Beyond the models of the constitutional and the welfare state

In both crime policy and public health policy, a deliberate change of strategy was made in the mid-1980s. According to Dutch government, the *traditional modes of government were unable to deal effectively with contemporary problems*. In its 1985 *Society and Crime* memorandum, the government pointed to the overburdening of the judicial apparatus as a consequence of rising crime figures during the preceding 15 years. The punitive interventions on the part of the judicial apparatus had signally failed to achieve a structural reduction in crime figures. In other words, the traditional constitutional state and the practices of law enforcement and administration of justice were now regarded being as no longer adequate in the face of high crime figures. A new strategy, complemented by a more effective role of police and judicial apparatus was deemed necessary to reclaim the state's role as a credible law enforcer.⁵⁵²

For public health policy, the 1986 *Memorandum on the Development of Public Health Policy* emphasised the limitations of the health care system. In the face of the soaring rates of non-communicable or lifestyle diseases, such as cardiovascular diseases, several forms of cancer and diabetes, the existing strategies to improve the status of public health had run up against their limitations. A curative approach was ineffective in the case of diseases of a chronic and degenerative nature. And the already existing preventive repertoire only dealt with protection of the population against the sources of communicable diseases, which lay beyond the control of individual citizens. While high crime levels threatened the state's role as law enforcer, a decreasing level of public health was a threat to labour productivity.⁵⁵³ Moreover, since the 1983 constitutional law review, the Dutch state had been under a constitutional obligation to institute measures to promote public health.

⁵⁵² As Ericson and Haggerty (in Baker & Simon, 2002) point out, the police have very little chance and insufficient capacity to control crime directly by encountering crimes in progress. Without prevention, it is largely dependent on reactive investigative strategies.

⁵⁵³ Whether prevention of lifestyle diseases is also a valid financial argument is debateable. On the one hand, prevention increases life expectancy and thereby increases health care demands in the long run. On the other hand, prevention of chronic diseases such as diabetes reduces the costs of a sustained use of medication.

In both crime policy and public health policy, an important “*temporal shift*” (Zedner, 2007)⁵⁵⁴ occurred during the mid-1980s, which gradually permeated policymaking in the following years. Crime was no longer approached through a merely reactive judicial strategy, but also through a strategy to prevent the occurrence of crime in the first place. And disease was no longer approached through a merely reactive curative strategy, but also through a strategy to prevent the occurrence of diseases resulting from an unhealthy lifestyle – which complemented the existing preventive strategy directed at exogenous health threats.

The temporal shift in policymaking regards the objects and justification of state intervention. Thinking about social reality in terms of risks may be characteristic for the modern outlook in general (e.g. Bernstein, 1996), but the specific development here concerns the idea that these risks should become the objects of state intervention. Whereas the constitutional state brought the risk or chance of being penalised following criminal behaviour, and the welfare state introduced insurance against risks to compensate for whatever fate may bring, the preventive logic of intervention shifts attention to the moment in time when crime or injury has yet to occur.

Reactive strategies – whether judicial or medical – are thus reduced to a last resort or ‘ultimum remedium’. Prevention ‘precedes’ the traditional modes of government in the constitutional and welfare state.⁵⁵⁵ As a consequence, this *temporal shift broadens the state’s intervention repertoire* to all identified determinants of undesirable phenomena. The social risks of crime and disease are the focal point and justification for prevention, not the individual crimes or cases of disease.

In the face of ever-rising crime figures, it became apparent to the government that merely penalising certain behaviour was not enough to deter citizens from committing crimes – and petty crime, such as burglary and vandalism, was a particular cause for concern. According to the government, petty crime thrived in an individualised society, where social norms and social control have declined. A crime prevention strategy was seen as a means to compensate for these structural societal transformations – either by prevention of criminal behaviour in general (primary prevention), by early interventions in geographical areas and in the lives of specific individuals with high crime risks (secondary prevention) or by prevention of further criminal behaviour in the future (tertiary prevention).

⁵⁵⁴ Although prevention has never been completely absent from crime and public health policy. For a short discussion, see the research design.

⁵⁵⁵ Zedner (2007) refers to “an important temporal shift” in her discussion of the rise of the “pre-crime society” (2007:261), which “shifts the temporal perspective to anticipate and forestall that which has not yet occurred and may never do so” (2007:262).

Confronted with the emergence of lifestyle diseases, it became apparent to government that merely protecting society against exogenous health threats or providing care in case of disease did not prevent people from leading unhealthy lives. Structural transformations in society and the economy necessitated a new approach to disease: it was no longer poverty, but wealth that was contributing to health threats, in the guise of the availability of unhealthy nutrition, an economy that stressed non-physical labour, and the rise of motorised transportation. Prevention, therefore, not only became relevant for health threats beyond the control of individual citizens (such as clean drinking water, food hygiene, sewerage and vaccination against contagious diseases), but also for health threats over which individual citizens do have control (unhealthy behaviour) – either by averting the development of lifestyle diseases in general (primary prevention), by early interventions towards citizens with an increased risk of becoming ill (secondary prevention), or by preventing disease progression and reducing the negative impacts of a disease on an individual's quality of life (tertiary prevention).

2.1.2. A teleological perspective

The objective to prevent a certain phenomenon from occurring implies *a risk- and goal-oriented approach*. In the case of social risks, the objectives for intervention are identified in societal processes. The traditional judicial response to crime is a task-oriented approach, concerned with fulfilling the legal obligation or task of meting out just punishment. It is not concerned with influencing the causes of crime. The same goes for the medical reaction to disease: it is primarily concerned with curing individual diseases, not with disease prevention and the improvement of public health. Both the judicial apparatus and the health care services are reaction mechanisms to certain individual societal phenomena, but neither intervenes in actual societal processes.

The teleological perspective underlying prevention requires the *construction of a preventive theory, causal scheme or scenario*. Prevention deals with the aversion of phenomena which are not (yet) present. Consequently, preventive interventions are based on theoretical assumptions regarding the future and its determinants. Prevention implies anticipation. A causal scheme consists of an undesirable future on the one hand, and the identification of risks on the other.

These causal schemes are not necessarily watertight: risks are usually identified on the basis of statistical correlations (such as the relation between obesity and non-communicable diseases) or professional judgement (such as the risk of recidivism among juvenile delinquents) instead of validity in every individual case. However, the empirical findings show that not every potential risk gives immediate cause for prevention: the commonly applied preventive theories

rest on indications for future harm, not on mere theoretical possibilities. Even though there is only a thin line between indication and possibility, in most cases some sort of identifiable *cause for concern* – be it problems at school, the first signs of overweight, or neighbourhoods that appear conducive to crime – is required to justify the implementation of preventive interventions.

That said, several examples tend towards a logic of precaution instead of prevention. Fundamental uncertainty instead of identifiable risks may especially form the justification for action or non-action in the assessment of individual cases. For instance, an uncooperative attitude by parents to outreach social work may serve as the argument to scale up to youth care: the not knowing is what constitutes the justification for intervention. A similar logic may be present in the considerations of mayors whether to make use of preventive competences such as administrative confinement and home bans: preferring to be safe than sorry seems a realistic consideration here. A final example comes from the realm of surveillance and monitoring: refusal by young parents to fill in a survey, by tenants to allow entrance to an intervention team, and by passengers to undergo an airport security scan are often assessed as suspicious and, hence, as justification for more intervention.

With regard to crime policy, a preventive theory is constructed between criminal behaviour and four types of risks. First, risk citizens such as problem adolescents and habitual offenders are identified since their current behaviour gives reason to believe they have an increased risk of exhibiting criminal behaviour in the future. Several 'life areas' are used for the risk assessment of recidivism by delinquents, such as the possession of an ID, a job or schooling, financial means, a place to stay, and a non-delinquent social network. Problem adolescents are identified on the basis of factors such as their social network, absenteeism at school, family issues, and personality disorders.

Second, risky places such as disadvantaged neighbourhoods are selected because of the higher risk of criminal behaviour in specific geographical areas. Subsequent interventions range from increased police surveillance to redesigning the opportunity structure and working on ways to change the population composition. A third type of risk closely related to risky places is that of risky times, which are selected on the basis of a higher risk of criminal behaviour at certain times of the day. Nights out are an important example of this. Today, increased police surveillance and cooperation between municipality, police and bars are frequently used measures to prevent crime or annoyance. Lastly, substances such as drugs and alcohol are identified as risk factors, since they can function as catalysts for criminal behaviour. An alcohol disincentives policy is developed to prevent people from drinking too much and at too young an age.

Regarding public health policy, a preventive theory is constructed between disease and endogenous determinants of health. Contrary to exogenous determinants of health, endogenous determinants are perceived as determinants over which individual citizens have control. Four lifestyle characteristics are identified as being the most important risk factors for the development of non-communicable diseases: tobacco use, alcohol use, lack of physical exercise and unhealthy nutrition. Broadly speaking, the former two factors are tackled through a disincentives policy (including smoking bans in public buildings, higher excise duties, and minimum ages for the purchase of alcohol and tobacco products), while the latter two factors are tackled by means of an incentives policy (including the development of sport facilities in urban neighbourhoods, promoting the sale of healthy food in shops and canteens, and personalised support for children with obesity).

Of considerable importance for the teleological perspective in the crime and in the public health policy is the introduction of, respectively, the *security paradigm* and the *health paradigm*. Prevention of social risks in itself implies a problem-oriented, and consequently a societal approach, but the notions of crime and disease refer to judicial and medical, rather than societal, phenomena. Crime is an act defined as such by law. And disease is a physical or mental ailment defined as such by medicine. The notions of security and health do not refer to individual cases of crime or disease, but instead to a certain status or quality of social life.

Security refers to the quality of the public domain. Next to crime, important elements of the security paradigm are annoyance, physical degradation and subjective feelings of insecurity. This explicitly societal perspective has expanded the range of relevant objects of state intervention. Instead of concerns for the legal order, concerns for the public order now form the justification for interventions.

Health is more than the absence of disease – it refers to a quality of life that enables citizens to fully participate on the economic and social level, unhindered by physical or mental health problems. Because of this paradigm, the range of relevant objects of intervention has broadened from the cure or prevention of medical ailments to the promotion of factors contributing to a state of socially determined physical and mental wellbeing.

The notions of security and health share a conceptual affinity with prevention.⁵⁵⁶ Even though causality between these concepts cannot be determined, the

⁵⁵⁶ The conceptual affinity between security and health on the one hand, and prevention on the other, can be understood as a 'Wahlverwandtschaft'. The relation between these concepts is neither predetermined nor coincidental. Instead, it is based on an elective affinity, as a result of certain shared features. Originally, the notion 'Wahlverwandtschaft' stems from 18th century

relation between them in crime and public health policy is a logical and tight one. Not only are they conceptually boundless – security, health and prevention can all be applied to a potentially endless range of relevant societal phenomena – but they also share an explicitly societal and teleological focus.⁵⁵⁷ This conceptual affinity makes it logical for prevention to be applied to security and health instead of solely to crime and disease. Prevention has become more than the absence of crime or disease. It also implies the aversion of all threats to public order⁵⁵⁸ and

physics: “Whenever two substances which have some inclination to combine with one another are combined with one another and a third which has more affinity for one of the two is added, then it will combine with that one and exclude the other” (Ostwald, cited by Howe, 1978:374). As such, it was used by Goethe (1809) as a metaphor for social relations, more specifically to describe the moral realm of divorce and adultery.

A century later, Max Weber uses the notion to describe social order and development, more specifically the relation between protestant ethics and the spirit of capitalism (1904/1905). Underlying Weber’s use of the notion is a reversal of the Marxist order between base and superstructure (Weber, 2006:94). For Weber, the world is, in the end, structured by ideas – without losing sight of the material and personal interests which spur individual behaviour: “Interessen (materielle und ideelle), nicht: Ideen, beherrschen unmittelbar das Handeln der Menschen. Aber: die ‘Weltbilder’, welche durch ‘Ideen’ geschaffen wurden, haben sehr oft als Weichensteller die Bahnen bestimmt, in denen die Dynamik der Interessen das Handeln fortbewegte” (cited in Weber, 2006:12).

Underlying apparently ‘normal’ or ‘rational’ actions, specific normative ideas constitute our definitions of normality: a structure of ideas which forms the basic rationale for human behaviour. These ideas – whether consciously experienced or fully internalised – constitute the social norms which oblige people to certain behaviour. For instance, the protestant ethic produces a structure of values within which people act in a specific way, which differs from the way people act in a catholic ethic.

Idea-structures can share similarities or “intersecting meanings” (Howe, 1978:380). These similarities can serve as “transition points” (Howe, 1978:380), which people may choose to cross or not (‘wählen’) – which is to some extent a deliberate choice, but becomes an imperative social norm once more and more people cross the intersecting paths. In *Die Protestantische Ethik und der Geist des Kapitalismus* (1904/1905), Weber described such a transition point between Protestantism and capitalism. The protestant ethic of labour, discipline and sobriety is related to the material culture, the idea of self-discipline, the practice of rational planning and the notion of ‘Beruf’. It has these features in common with rational means of production in a capitalist economy. There is no inherent or causal relation between the protestant ethic and the spirit of capitalism, but there is an affinity (‘Verwandtschaft’). Whether these affinities ‘find’ each other is not self-evident, but depends on the existence of enough “soziale Träger” to emerge, blossom and eventually become an independent force separated from its religious roots (cited in Weber, 2006:31).

⁵⁵⁷ There are, of course, also differences between security and health on the one hand and prevention on the other hand. For instance, security can also be promoted through retribution and reaction (such as administrative fines for disturbances and annoyance) and health can also be promoted through medical-curative interventions.

⁵⁵⁸ Cf. Zedner (2007:265): “[...] seeking security implies a *temporal shift* pre-crime. Security is less about reacting to, controlling or prosecuting crime than addressing the conditions precedent to it. The logic of security dictates earlier and earlier interventions to reduce opportunity,

the aversion of avoidable health loss. More specifically, the range of state interventions has been broadened to include the prevention of annoyance and feelings of insecurity, as well as the prevention of health loss for people who suffer from non-communicable diseases. The paradigms of security and health focus not on an undesirable phenomenon, but instead on 'preventing, minimising and displacing loss' (Zedner, 2007:265).

2.1.3. Behaviour and responsibility

The aforementioned temporal shift is a deliberate move beyond the models of the constitutional and the welfare state. The existing repertoires of judicial and medical responses were incapable of dealing with rising crime figures and a new breed of health threats, while the penalisation of certain acts did not cause citizens 'automatically' to behave according to legal norms. And the development of a health care system and the protection of the population against exogenous health threats did not make citizens 'automatically' behave in a healthy fashion.

The introduction of prevention can be understood as a strategy to promote law-abiding and healthy behaviour. Therefore, the preventive gaze is also a *behavioural perspective* in policymaking with regard to social issues: the prevention of crime and disease implies a behavioural change of citizens who show a tendency to deviate from a law-abiding or healthy lifestyle, or implies at the very least measures to stop the display of certain undesirable behaviour. Prevention not only broadens the scope of state interventions to cover various social risks, but also *deepens* the intervention repertoire to influence citizen behaviour or the societal processes and contexts in which citizens act.

There are many techniques to influence citizen behaviour. Examples in crime policy include surveillance in the public domain, redesigning the opportunity structure, offering support for parents of problem adolescents, and developing reintegration programmes for habitual offenders. And examples in public health policy include promoting healthy nutrition through 'social marketing', creating low-threshold sport facilities, teaching health education at schools, and developing personal lifestyle programmes for obese adolescents. The common characteristic of these and other measures is the *politicisation of behaviour*. Whether it is widespread surveillance in the public domain and the monitoring of children in crime policy, or lifestyle interventions regarding smoking, drinking, eating and exercising in public health policy: everyday activities become part of political considerations.⁵⁵⁹

to target harden and to increase surveillance even before the commission of crime is a distant prospect".

⁵⁵⁹ As Steinberger remarks, to define is already to judge: "Wherever the public authority decides either actively to interfere or not to interfere with an endeavor, it thereby determines the en-

In the models of the constitutional and the welfare state, the state only intervenes following a breach of law or in response to a personal demand for health care, and in the case of risks that are beyond the control of individuals. In the model of the prevention state, the state intervenes before any breach of the law has occurred and in the form of an unsolicited form of care. This raises the question of what the justification for state interventions with regard to citizen behaviour is – especially since this new field of state interventions affects what was previously considered the autonomous domain of citizens. As the Dutch government sought to expand and deepen its preventive repertoire in crime policy and public health policy at the start of the 21st century, the *rhetorical construction of shared responsibilities* served as the justification for the redefinition of the role of the state.

On the one hand, society was perceived as being vulnerable and dependent on state interventions for the realisation of a secure public domain and a healthy life. Given the characteristics of contemporary society, government cannot leave citizens to their own fate. An individualised and urbanised society is vulnerable to crime and insecurity. And non-physical labour and the availability of unhealthy food often make it difficult to lead a healthy life. State interventions were presented as being in the interests of society. Crime prevention served the societal interests in a crime-free public domain. And a healthy life served every citizen's interest in being able to fully participate in economic and social life. Hence, the prevention state was presented as a service-oriented state: there is no opposition or antagonism between state and society. In the eyes of Dutch government, the politicisation of everyday life is not the expression of an invasive state, but of a state which serves the interests of society.

On the other hand, society was perceived as being part of the problem – citizen behaviour was the source of various risks to security and public health.⁵⁶⁰ Given at least the practical and constitutional limitations to enforce behavioural change, the government also depended on society for the realisation of its preventive ambitions. Therefore, the government made *an appeal to citizen responsibility*. Whereas interventions in the constitutional state were justified by the attribution of individual guilt, and interventions in the welfare by the attribution of (possible) victimhood, the core notion in the prevention state's approach to its citizens is responsibility.

'Responsibility', in the eyes of the Dutch government, refers not merely to citizens bearing the consequence of their own decisions, but also to use their ability to choose to behave in a specific way – or, more specifically, to choose for pre-

deavor itself to be a matter of public interest, something to be investigated, analyzed and evaluated in terms of its contribution to the common good" (Steinberger, 2009:177).

⁵⁶⁰ Of course, citizen behaviour is problematic in the reactive response to crime as well, but it is not regarded as the object of intervention.

vention. The government views ‘responsible behaviour’ as active participation in creating a more secure neighbourhood and as deliberately choosing for a healthy lifestyle. Hence, responsible behaviour implies that citizens freely choose to behave according to certain social norms, such as actively participating in security and living a healthy life – norms, which are perceived as being in citizens’ own best interests.⁵⁶¹

This rather ambiguous conceptualisation of both citizen and state responsibility implies that the state is justified in intervening if citizens are *unwilling or unable* to take care of their own interests – in other words, if citizens refuse to act in accordance with certain legal or social norms or in so far citizens lack the will-power to do so. Specifically for crime policy, the government aims to “become an ally of citizens” (CA, 2007:3; CA, 2010:3). This metaphorical alliance emphasises the shared interests between state and society as well as the state’s responsibility to protect society against threats to public order. And specifically for public health policy, government aims to “make the healthy choice the easy choice” (HN, 2008:5). On the one hand, this motto emphasises citizens’ free choice with regard to lifestyle; on the other hand, it justifies state interventions to make citizens behave according to the social norm of a healthy life (and thereby, following government reasoning, in their own best interest).⁵⁶²

2.2. Intervention power

2.2.1. The organising principles of prevention

The aforementioned change in problem definition necessitated a change in intervention repertoire. This led the Dutch government to adopt three basic principles in the organisation of its intervention repertoire. These principles stem from the teleological nature of prevention, but also reveal the *expansive logic of prevention*. First, the organising principle of proximity expresses the tendency of prevention to get as close as possible to the identified risks. Second, the organising principle of coordination expresses the tendency of prevention to approach identified risks

⁵⁶¹ Typical in this respect is the transformation of ‘solidarity’ in government’s considerations on public health policy from 2003 onwards. According to government, the solidarity underlying the health care system is at stake. However, solidarity is not required from the taxpayer, but from the citizen responsible for incurring unnecessary health care costs as a result of unhealthy behaviour.

⁵⁶² An almost archetypal example of this understanding of ‘responsibility’ is described by Faddegon & Tiemeijer (in Verhoeven & Ham, 2010:89). In public health policy, government uses labels on food products to inform customers about healthy products. One of these labels expresses the ambiguity between conscious freedom of choice and explicit government transfer of health norms. The title of this label, indicating a healthy food product, simply says “I choose consciously”.

as comprehensively as possible. And third, the organising principle of timeliness expresses the tendency of prevention to identify risks as early as possible and to develop subsequent interventions accordingly.⁵⁶³

Government emphasis on these three organising principles in crime policy and public health policy suggests an increase in the effectiveness of prevention, as interventions are organised in closer proximity to the identified risks, with a more comprehensive scope and in an earlier phase of risk development. Ideally, the preventive gaze allows no risks to escape its attention and grasp: effective prevention implies the construction of an intervention repertoire which enables a state to approach identified risks in an *in-depth, all-embracing and swift* fashion.

The first organising principle of prevention to be adopted is the *principle of proximity*, or the strategy to organise interventions as closely as possible to the identified risks. Three expressions of this principle can be discerned in Dutch crime policy and public health policy. First is the emphasis on the organisation of interventions at the local or sub-municipal level, enabling interventions to be tailored to the specific security and health issues in local communities and neighbourhoods, and to be implemented at the times and places with the highest risks. In crime policy, a national network of local Security Houses is established, and the mayor is granted a pivotal role in the coordination of efforts by the municipality, police and public prosecutor. And in public health policy, national networks of Municipal Health Services and low-threshold Centres for Youth and Family are established for the development of preventive interventions.

Second, preventive interventions are developed to influence citizens' direct social contexts or living environments, such as redesigning the physical opportunity structure in such a way that the possibilities for criminal behaviour are reduced (for instance through street lighting) or by enticing people to make healthier choices (for instance, by building sports courts). Another example is an intervention to modify the population composition in disadvantaged neighbourhoods, to reduce the concentration of inhabitants from the lower socio-economic strata, where crime levels are higher than in the middle class. And in public health, government might choose to cooperate with various actors in citizens' direct social context, such as food vendors, schools, sports clubs and general practitioners, to increase the availability of healthy food products in shops and canteens, to advise people about living a healthy lifestyle, and to entice people to exercise more often.

⁵⁶³ However, it should be stressed that especially the organising strategies of proximity and coordination are not limited to preventive interventions.

A third expression is that of personalised prevention, which is the most evident expression of the principle of proximity. Interventions directly aim to influence the behaviour of individual citizens identified as posing an increased risk for security or public health. Risk citizens, such as problem adolescents and habitual offenders, receive support and reintegration programmes that match their personal problems and situation. And people with an increased risk of developing diseases in the future, such as overweight children, are offered personalised programmes to structurally change their unhealthy lifestyle.

The second organising principle of prevention adopted by the government is the *principle of coordination*, or the strategy to approach identified risks as comprehensively as possible. This principle has two distinct expressions in policymaking. First, preventive interventions are organised through coordination and cooperation between formally separated actors and domains. Prevention is not limited to a specific task or discipline. Boundaries between policy fields, between organisations or between disciplines may be logical from a task-oriented perspective, but are often perceived as barriers for effective interventions from a preventive perspective.⁵⁶⁴ If school absenteeism is a risk factor for criminal behaviour, compulsory education becomes a relevant element in crime prevention. And if a lack of physical exercise is a risk factor for the development of non-communicable diseases, sports clubs become relevant actors in the prevention of disease.

Several examples of coordination and cooperation between formally separated organisations in crime policy can be mentioned. Security Houses are developed to organise data sharing and cooperation on individual cases between formally separate organisations (including the police, municipality, public prosecutor, compulsory education, and youth care). And the police, public prosecutor, correctional facilities and probation offices are aligned in such a way that they form an imaginary 'chain', in order to realise the seamless transfer of a detainee from one organisation to the other. Examples in public health policy include the introduction of 'facet policy' to identify health aspects in adjacent policy domains (such as housing, education, youth and urban planning), and the construction of an Covenant on Obesity between public and private actors to promote a healthy lifestyle.

⁵⁶⁴ The prevention perspective transcends existing organisational boundaries, and spawns new types of professionals (such as individual supervisors for offenders in their reintegration programme), as well as expanding the perspective of professionals involved in prevention. The latter is clearly visible in the role of police officers in crime prevention: they are not only expected to write tickets for offences or arrest suspects, but also to report potential criminals or other individuals who are a 'cause for concern'.

And second, the multiple simultaneously implemented measures need to be coordinated, since no single intervention is perceived as being effective enough to realise the government's preventive objectives. The objective to prevent undesirable behaviour is often pursued through a comprehensive and mixed set of interventions. This can, in part, be traced back to the distinction between primary, secondary and tertiary prevention. Primary prevention is realised through collective or population-level interventions, whereas secondary and tertiary prevention require more detailed interventions in geographical locations or individual behaviour identified as a source of increased risk. Each form of prevention requires a different set of interventions.

However, mixed sets of interventions have been developed within each prevention category, as well. A repertoire of population-based crime prevention may consist of increased surveillance, promotion of technical prevention, and interventions in the opportunity structure. And a repertoire of personalised crime prevention usually consists of a combination of care and punishment (or rather support and discipline). For instance, habitual offenders can receive a two-year detention order, but this punitive element is combined with an intensive programme to realise a structural lifestyle change (including treatment of personality disorders, drug and alcohol withdrawal, and daytime occupation).

In public health policy, the approach to tobacco forms the archetypal example of a mixed approach. Government tobacco disincentives policy does not ban the act of smoking itself, but aims to procure a change in lifestyle through education and information about the dangers of smoking, by raising excises on tobacco products, offering courses to help people stop smoking, introducing age limits for the sale of tobacco products, smoking bans in public buildings, and strict limitations on tobacco commercials. The logic behind such a comprehensive set of interventions is that people respond differently to disincentives: some might be convinced by adequate information, while others might stop smoking for financial reasons, and still others require support to kick their smoking habit. By developing a comprehensive web of mixed interventions, chances increase that a policy will be effective.

The third organising principle of prevention to be adopted is the *principle of timeliness*, or the strategy to identify risks at the earliest possible stage and to develop subsequent interventions as early as possible. Early detection and early intervention are the two consecutive expressions of this principle. Prevention implies anticipation of future developments and the ability to subsequently avert undesirable future developments. In other words, prevention depends on an anticipatory and panoptic capacity for the early detection of risks, as well as on an interventionist capacity for the subsequent approach to deal with these risks. Early detec-

tion allows risks to be identified at a stage when they can still be prevented. In most cases, risks can be more easily averted in an early phase of their development.

Early detection is commonly pursued through research, monitoring and screening. On a collective level, research and monitoring can provide insight into the development of crime levels and public health levels, and in the identification of specific population groups or geographical areas representing an increased risk. And on an individual level, monitoring and screening can help to identify risk citizens, for instance through population screening of risk groups for various forms of cancer, or monitoring the weight development of children to detect overweight in an early phase.

Early detection of individual risk citizens may also be pursued through professional assessment of personal problems. Examples of early detection through professional judgement include police officers who come across young children roaming the streets late at night, welfare workers who are notified of possible child abuse, compulsory education officers who suspect unauthorised absence by a student, probation officers who assess whether a detainee is eligible for probationary release, and housing corporation employees who presume illegal habitation.

Furthermore, early detection also applies to relapse prevention. Examples include the detection of early signs of possible recidivism by habitual offenders, of relapse into previous addictions by drug users, of renewed domestic violence, of problem adolescents hanging out with criminal friends again, and of obese children who threaten to lose the self-discipline to follow through a lifestyle change. A preventive perspective produces a tendency to permanently monitor identified risks for signs of relapse and to keep identified risk citizens in sight as long as possible – for instance by keeping files, making house calls, regularly assessing an individual's situation, and organising follow-up sessions after an intervention.

Early detection is not an end in itself, but serves as a means to realise early intervention. Once certain target groups, disadvantaged neighbourhoods or individual citizens have been identified as a cause for concern, specific preventive interventions are possible. The earlier an intervention can take place in the development of a risk, the more effective or easier prevention becomes – hence the need for a panoptic capacity to identify risks before they have become irreversible.

Two often-used practices in crime policy and public health policy can be understood as a logical consequence of the preventive principle of early intervention. First, organisations responsible for prevention ideally do not wait for citizens to report themselves if they require care or support. Instead, 'outreach' interventions are organised that are aimed at 'care avoiders' and risk families who, accord-

ing to professional judgement, are in need of care. In practice, this may take the form of unsolicited house calls by welfare workers to assess an individual's or a family's situation.

And second, children and adolescents become a logical target group for state intervention. The basis for many behavioural problems – ranging from a criminal to an unhealthy lifestyle – is often laid during childhood. Children are generally also more susceptible to behavioural interventions than adults. And besides the effectiveness of preventive interventions towards children, further justification might follow from the vulnerability of children: if parents are likely to be incapable of fulfilling the task of preventing their children from developing undesirable behaviour (such as an unhealthy or criminal lifestyle) state interventions are justified, to compensate for incompetent parental behaviour. Precisely because children cannot always be held responsible for their behaviour are they a legitimate object of intervention.

2.2.2. The decent and healthy citizen as object and ideal

A prevention perspective also transforms the objects and ideals of intervention. The reactive-judicial approach to crime has the delinquent as its object and a just sentence as its ideal. In contrast, crime prevention has the entire population, including all decent and law-abiding citizens, as object of intervention. Not everybody may be affected by the interventions in the same way and more specific interventions may be developed towards specific geographical areas, target groups and individual citizens, but the basic assumption underlying crime prevention is that every citizen can, in principle, be a potential victim and a potential perpetrator. There is no a priori exclusion of objects in the way the classical judicial approach is inherently limited to perpetrators and suspects.

The decent citizen, who abides by the law and gives no cause to believe that he or she might break the law in the future, is the ideal of preventive interventions. Since the focus on social risks implies a behavioural perspective in policymaking, a certain standard for citizen behaviour is implicit in preventive interventions. More specifically, *the decent citizen forms the model for interventions*: it is the image or standard presupposed in practices of surveillance in the public domain, reintegration of habitual and juvenile offenders, and outreach interventions geared towards risk families.

And with regard to public health, the curative-medical approach to disease has the patient as its object and a recovery from disease as its ideal. Prevention of disease, however, broadens the scope of interventions to the entire population, including the healthy citizen. As with crime prevention, there are no a priori exclusions of objects of intervention since every citizen can, in principle, fall ill or develop an unhealthy lifestyle. Furthermore, *the image of the healthy-living citizen*

is the model for interventions – it is the implicit ideal in health promotion and personalised approaches towards citizens with an increased risk of becoming ill (such as obese or overweight children). In sum, instead of delinquents, citizens who have not (yet) committed crimes, and instead of patients, citizens who have not (yet) fallen ill are the focal point of preventive interventions.

Collective interventions in the prevention of crime and disease have the entire population or the inhabitants of a specific geographical area as the object of interventions. However, such interventions as those involving the redesigning of the opportunity structure, population screening, an increase in tobacco excise duties, and surveillance activities do not necessarily affect each citizen equally or in the same way. For instance, citizens who already behave in a healthy fashion will not be affected by a rise in tobacco excises, and may even feel supported in their lifestyle choices by a healthier range of food products in canteens and by smoking bans in public buildings. And decent citizens will perhaps experience increased surveillance or the monitoring of their children in a national ‘electronic youth dossier’ more as a form of protection than as a form of control, or may even feel unaffected by it – after all, the decent citizen has ‘nothing to hide’ (cf. Solove, 2007).

However, these collective interventions do aim to decrease the opportunities for deviant behaviour. Prevention implies a certain ideal or form of normality, which the decent and healthy citizen represents. The more someone deviates from this ideal, the more he or she will be affected by collective interventions. Therefore, the inherent flipside of protection and support are control and discipline: the experience of collective interventions changes as soon as the line between normality and deviance is crossed – a line, which, in the end, is determined by policymaking in general and by professional judgement in individual cases.

The more someone deviates from the ideals of the decent and healthy citizen or gives cause for assuming that he or she will do so (or continue to do so) in the future, the greater the chance he or she will be identified as a risk citizen, eligible for more specific interventions. Risk citizens tend to be more numerous in the lower socio-economic strata and in disadvantaged neighbourhoods; a group constituted of habitual offenders, early school leavers, children from broken homes, children with signs of overweight, smokers, et cetera. But in principle, any citizen can be identified as a risk citizen, based on the degree of deviance exhibited from the norm.⁵⁶⁵

⁵⁶⁵ The explicit use of the word ‘risk’ expresses a form of blame and responsibility: “the term risk is [...] a mechanism for investigating what has gone wrong and for the allocation of blame and liability” (Kemshall, 2002:83). This can also refer to a responsibility of organisations and professionals with the task to prevent or reduce risks, for instance in cases of family issues,

Personalised interventions geared towards risk citizens aim to produce a behavioural change, modelled on the ideal of the decent and healthy citizen. As a consequence, personalised interventions are a form of *normalisation to prevent avoidable harm*.⁵⁶⁶ Various examples show that the normalisation of risk citizens consists of a combination of care and discipline – especially in long-term and intensive interventions. These two techniques may seem opposites at first sight, but, upon closer inspection, are often both necessary for the realisation of behavioural change – whether in parenting support, in support programmes for obese children, or in reintegration programmes for habitual offenders.

2.2.3. A web of incentives and disincentives

Prevention has many faces. The objective of behavioural change can be pursued through many techniques. Moreover, a mixed and comprehensive approach to risk citizens, risky places and risk factors is deemed the most effective strategy in this respect. For instance, the government alcohol moderation policy consists of regulatory measures (age limits for sale and consumption), communicative measures (information campaigns), facilitative measures (discussion groups) and financial measures (excise raises).

Six different preventive techniques can be distinguished in Dutch crime and public health policy. All these techniques aim for a behavioural effect. This objective gives the commonly identified legal, financial and communicative instruments (e.g. Van den Heuvel, 2005), as well as instruments of facilitation, cooperation and surveillance, a specific form and expression: they are typically constructed as *regulatory techniques* (cf. Sparrow, 2008) and aim to produce *behavioural incentives and disincentives* (cf. Thaler & Sunstein, 2008; Tiemeijer, 2011).

First, legal instruments are typically applied in the form of *administrative regulation*. The problem-oriented nature of prevention implies a broader use of legal instruments than responding to criminal behaviour. Moreover, the use of legal instruments transcends the realm of criminal law and general legislation. Rather than seeking to penalise acts or attribute rights, administrative authorities commonly use legal instruments for the purposes of deterrence, discipline and disin-

child abuse and the treatment of delinquents with a hospital order. If, despite the efforts of professionals, a risk should occur, they may be held responsible: “Families that cannot parent and self-regulate will be assisted to do so, and children who are ‘at risk’ will receive state protection. [...] This system not only holds families to account for harmful behaviours; it holds workers and managers to account for their decision-making” (Kemshall, 2002:89).

⁵⁶⁶ Instead of, for instance, punishment, which can also have a normalising objective, but is applied only after a particular harm has occurred.

centives. Prevention through legal instruments can be seen as the regulation of behaviour in the public domain.

In crime prevention, the intervention repertoire available to mayors has been expanded by the introduction of several new and often broadly formulated formal legal authorities for preventing disturbances to the public order, such as CCTV-surveillance, preventive frisking, administrative confinement, restraining orders and temporary home bans (cf. Muller c.s., 2008; Brouwer & Schilder, 2008). Furthermore, new detention orders have been developed for the treatment of habitual and juvenile offenders. And in public health policy, regulation is used to impose limitations on tobacco and alcohol use, including age limits, smoking bans in public buildings, and advertising constraints.

Second, financial instruments are used to promote certain behaviour, an especially common practice in public health policy.⁵⁶⁷ *Financial disincentives* aim to reduce the number of smokers and problem drinkers, for instance, by raising tobacco and alcohol excises.⁵⁶⁸ Furthermore, subsidies are awarded to organisations, which promote a healthy lifestyle, such as the Dutch Nutrition Centre⁵⁶⁹ and the Centre for Healthy Living,⁵⁷⁰ and organisations which develop science-based interventions for local crime prevention, such as the Centre for Crime Prevention and Safety.⁵⁷¹ And finally, insurance companies are allowed to differentiate in their premiums if clients participate in programmes which promote a healthy life style. The same financial incentive used by insurance companies may be used in crime pre-

⁵⁶⁷ This study did not include an analysis of available financial means for prevention. Besides the fact that it is very difficult to gain insight into state expenditures for the entire repertoire of national and local preventive activities, the available financial means only tell a part of the story. Prevention does not need to be expensive to be influential, just as the fact that the health care system requires more financial means than the judicial apparatus says nothing about the influence of either of the two.

In fact, an important argument for prevention is its cost-effectiveness. Prevention was presented as the answer to overburdened systems of judiciary and health care. In the case of crime policy, structural prevention is more efficient than repeated administration of justice and, moreover, reduces the societal costs of crime committed by habitual offenders. In public health policy, the situation is more complicated. According to Dutch research healthy behaviour leads to a reduction of health care expenditures as a result of improved public health on the one hand, and leads to higher health care expenditures as a result of a higher life expectancy on the other hand (IBO, 2007). Consequently, normative arguments also form an important justification for interventions to improve public health (IBO, 2007:7).

⁵⁶⁸ At the same time, excises also make the consumption of these goods an important source of income for the state.

⁵⁶⁹ In Dutch: 'Voedingscentrum'. Among other things, the Nutrition Centre provides advice and practical guidelines to the general population for a healthy and balanced nutrition.

⁵⁷⁰ In Dutch: 'Centrum Gezond Leven'. Among other things, the Centre for Healthy Living promotes the use of efficient lifestyle interventions in public health policy.

⁵⁷¹ In Dutch: 'Centrum voor Criminaliteitspreventie en Veiligheid' (CCV)

vention as well, where technical prevention by citizens of their property is promoted.

Third, a broad range of communicative techniques, such as information, education, enticement and persuasion, aim for the *internalisation of behavioural norms*. These techniques move beyond the image of the rational citizen. Objective information campaigns on, for instance the importance of a proper nutrition, may be complemented by education at schools, by the 'social marketing' of norms for healthy living to the general public, and by moral appeals to the harm smokers cause to their fellow citizens.

Moreover, individual risk citizens are actively persuaded to accept forms of care, such as parenting support for risk families, programmes to kick a drug addiction for habitual offenders and 'care avoiders', or lifestyle interventions for obese adolescents. Communication does not stop at rational information, but covers every technique that can incentivise citizens to make the desired lifestyle change of their own accord. Besides ignorance, the problems communication seeks to overcome often also include a lack of willpower, self-confidence, self-discipline, awareness or interest.

Fourth, prevention often takes the form of active *facilitation* or '*nudging*' (Thaler & Sunstein, 2008). This should not be understood as the organisation of a facility, à la a correctional institution or health care service. Instead of creating 'a facility', facilitation deals with designing the proper settings and contexts for desirable behaviour. This can take the form of organising the facilities local authorities require for the implementation of preventive measures, such as Municipal Health Services in the realm of public health and Security Houses in the realm of security. But it can also take the form of designing the opportunity structure in such a way that it forms an incentive for desirable behaviour and a disincentive for undesirable behaviour.

Examples of facilitation in crime prevention include the 'restructuring' of disadvantaged neighbourhoods and arranging the public domain in terms of proper street lighting, public benches, clear sight lines and maintenance of streets and apartment blocks. And examples of facilitation in public health include constructing cycling lanes and sports courts, and influencing the 'architecture of choice' (Thaler & Sunstein, 2008) through healthy canteens and a healthy food selection.

Fifth, prevention through shared responsibilities and through the activation of citizens can be pursued through forms of *cooperation between state and society*. The implication of societal organisations and citizens as co-operators of policy-

making can take the form of appealing to the self-interest of societal actors, to convince them to align their behaviour with the interests of government. Examples in the realm of crime policy are cooperation between municipalities and housing corporations, the police and bar owners, and the police and active citizens for activities of neighbourhood watch. And an example in the realm of public health is the Obesity Covenant, in which government cooperates with food producers, food vendors, sports federations and insurance companies.

However, cooperation can also have a less voluntary character. Consider, for example, the practice of incorporating behavioural norms into housing tenancies. Housing corporations, in cooperation with police and municipality, aim to prevent undesirable or criminal behaviour such as nuisance or running a cannabis nursery by making this type of behaviour an explicit cause for home eviction. Another example is including an obligation for welfare organisations to contribute to personalised crime prevention in municipal subsidy contracts.

Sixth and finally, *prevention depends on a certain panoptic capability and sparks a desire for surveillance* of the public domain and of individual risk citizens. The monitoring of everyday life is an important characteristic of contemporary society (Lyon, 2001). Surveillance not only contributes to the early detection of problems (as discussed above), but is also a subtle form of deterrence and discipline in itself. People commonly adjust their behaviour to the accepted norm when they know they are or may be observed (Foucault, 1975). Especially in crime prevention, the state aims to make its presence visible in the public domain by increasing police and CCTV-surveillance, but also by keeping a close watch on known troublemakers in the neighbourhood, on habitual offenders, and on offenders on probation.

2.3. Toward a prevention state?

The analysis of transformations in definition power and intervention power in Dutch crime policy and public health policy suggests an understanding of the state, which fundamentally differs from the previously distinguished constitutional and welfare state. On the basis of the Dutch case, it may be proposed that state development in Western Europe, as discussed in the second chapter of this study, has gone through an important transformation during the past 30 years.

Interventions in the constitutional state are justified on the basis of infringements of the law and interventions in the welfare state on the basis of harm caused by phenomena outside the control of individual citizens (through health care and social security or through equal opportunities for self-development). The preventive gaze shifts attention away from these reactive and compensatory logics, to the risks or causes of crime and harm. This 'temporal shift' (Zedner,

2007) transforms the focus of government to a moment in time when crime or harm has yet to occur. Instead of a reaction to crime or a compensation for harm, the preventive gaze produces a logic of intervention characterised by the selection of risks and the idea of avoidable harm.

Of course, the constitutional state can be said to prevent deterioration of the legal order through deterrence by means of adequate law enforcement, administration of justice and penalisation of crime; and the welfare state can be said to prevent mass poverty through social security and widespread disease through health care. The preventive logic of intervention differs with respect to its objects of intervention: the justification for state intervention lies in the future – that is, a phenomenon which has not occurred (yet). Prevention is justified by the identification of risks, whereas the constitutional state's interventions are justified following the occurrence of an undesirable phenomenon; the welfare state's interventions compensate for harm and risks but do not actively have risks as object of intervention.

This leads to the following conclusion in terms of the two previously formulated 'sensitising' (Blumer, 1954) presumptions with regard to the consequences of the increasing dominance of the preventive gaze. First, *the range of state activities is expanded by the preventive gaze*. Whereas a constitutional state acts following an infringement of the law, the preventive gaze broadens the range of interventions to risk factors for infringements of the law and, following the security paradigm, more broadly to risk factors for disturbances in the public order. And whereas a welfare state acts to compensate for harm that occurs beyond the control of individual citizens – either by providing insurance and health care or by ensuring equal rights to mitigate randomly acquired unequal life chances⁵⁷² – the preventive gaze broadens the range of interventions to address risk factors of avoidable

⁵⁷² The difference between the creation of equal starting opportunities in life and the prevention of avoidable harm lies in the teleological perspective of the latter. Creating equal starting opportunities aims to compensate for randomly acquired unequal life chances, but is not concerned with what citizens actually do with these equal opportunities. In contrast, prevention of avoidable harm is explicitly concerned with the way citizens deal with their life chances.

However, the latter might also be said of typical welfarist social work and community development. The difference with preventive interventions may at times in practice be a matter of details or of a different label (cf. Van Twist, 1995), but a fundamental distinction between prevention and welfare work lies in the former's objective of risk aversion compared to the latter's emancipatory objectives: prevention is about reducing possibilities for certain behaviour, while welfare work aims to open up possibilities for self-development.

harm, such as several diseases, problems in the upbringing of children or general threats to the quality of life.⁵⁷³

Second, *the preventive gaze produces a risk-oriented intervention repertoire*. This is a logical conclusion following the previous remarks on the expanded range of interventions, but has several important implications for the depth of state interventions. The judicial response mechanism of the constitutional state and the facility-oriented compensation mechanism of the welfare state are, by and large, organised ‘outside’ or at a certain distance from societal processes. In contrast, prevention targets the risks leading to crime and avoidable harm.

Risks, instead of existing harms are the object of intervention. In the social domain, with policy fields such as crime and public health, this implies targeting the ways in which citizen behaviour produces risks.⁵⁷⁴ Here, the risk-oriented intervention repertoire is characterised by behavioural interventions. Moreover, such an intervention repertoire is commonly organised as closely as possible to the identified risks (proximity), as comprehensively as possible (coordination) and as early as possible (timeliness).

The pivot of prevention is administration. The preventive gaze serves as a typical example of a ‘telocracy’, rather than a ‘nomocracy’ (De Jouvenel, cited by Van der Graaf & Hoppe, 2007) – of rule through positive goals, instead of laws that merely set the boundaries for acceptable social behaviour. As a consequence, prevention thrives and expands in the discretionary spaces of the rule of law, such as in a mayor’s formal competence to uphold public order, in the individual assessments of street-level bureaucrats, in the broad, constitutional duty of the state to promote public health, and in vague notions of security and health.

These transformations in range and depth of state interventions suggest the emergence of a new understanding of the contemporary Western European state: a *prevention state*. It is an understanding that does not replace that of the constitutional and welfare state, but one that offers a complementary model to under-

⁵⁷³ In the case of public health, this preventive logic of intervention refers to both exogenous and endogenous health threats. Since the approach to exogenous health threats stems from the late 19th century, prevention in public health predates the medical-curative approach to disease.

⁵⁷⁴ However, it should be pointed out that a different case selection might have resulted in a different outcome with regard to this second hypothesis. Policy domains which deal with physical or natural risks, such as industrial accidents and climate change, might identify non-behavioural risk factors as well. Furthermore, prevention in public health is not limited to endogenous health threats: health protection deals with non-behavioural exogenous health threats beyond the control of individual citizens, such as water and food hygiene, and vaccination against contagious diseases.

stand contemporary political reality.⁵⁷⁵ Based on the empirical findings in the Dutch case, the prevention state may be said to have been born out of a desire to respond to new societal issues in the 1980s. The existing repertoire of retribution had proved incapable of controlling rising crime levels; the existing repertoire of health care and protection against exogenous health threats had proved ineffective in the face of welfare diseases. As the judicial apparatus threatened to become overburdened and the health care system threatened to become financially untenable, prevention emerged as a new strategy to deal with crime and disease.

Instead of reacting to crime and compensating for fate, the preventive gaze has produced *a model of the state which aims to prevent avoidable harm*. And more specifically with regard to the social domain, the preventive gaze produces *a model of the state with aims to prevent citizens from causing avoidable harm to themselves or to other citizens*. This new type of state responsibility presumes neither individual guilt (as in the constitutional state) nor the combination of individual victimhood and collective solidarity (as in the welfare state) as the justification for its interventions. Instead, the prevention state's justification for intervention lies in the presumed necessity and possibility to make people behave responsibly and prudently by influencing their living environment and by appealing to their capacity to assess the possible consequences and risks of their actions.

⁵⁷⁵ Compare Baker and Simon (2002), who state the following with regard to the contemporary development to make people individually accountable for risk – which they call the ‘embracing’ of risk: “Just as individual fault and responsibility remained part of modern legal culture even with the growth of spreading risk and social insurance in the early twentieth century, so too will risk spreading survive the embrace of risk” (2002:6).

3. The passage to the prevention state

3.1. Introduction

The prevention state has emerged in the historical and spatial context of the contemporary Western European constitutional and welfare state. Even though this study is primarily *diagnostic instead of explanatory*, an understanding of the passage to the prevention state should include an effort “[...] to trace the forces that gave birth to our present-day practices and to identify the historical and social conditions upon which they still depend” (Garland, 2006:2). A discussion of the mechanisms and forces underlying state development can provide insight into the conditions that gave birth to the preventive gaze, and provide an understanding of the specific impact of the preventive gaze on the state.

The first part of the following paragraph deals with the mechanisms of state development, which the preventive gaze is presumed to actuate. These include mechanisms that stress the impact of the internal characteristics of the state, as well as mechanisms that focus on societal pressures for state development (cf. Pierson, 2004). A discussion of these mechanisms seeks to describe the lines along which contemporary political reality has moved beyond the images of the constitutional and the welfare state.

The second part of the following paragraph is concerned with the social conditions within which a specific state development takes place and is triggered. How we perceive the future and risks, as well as the characteristics of contemporary industrialised, individualised and urbanised society are the ‘social bearers’ (Weber, 2006:31) of the prevention state. Whereas the mechanisms of state development aim to shed light on *how* and along which lines state development occurs, the triggers for state development aim to offer indications for the reasons *why* a specific development takes place at a certain time and place. The relation between ‘triggers’ and ‘mechanisms’ can be understood as follows:

	<i>Belief system</i>	<i>Social system</i>
<i>State mechanisms</i>	The nature of state power (such as the organisation of rule and the objectives of governing)	The complexities of rule and governance (such as the availability of power resources and the governability of society)
<i>Societal mechanisms</i>	The attitude towards state power (such as the justification and limitation of state power)	The demands and interests of society (such as the consequences of industrialisation, globalisation and individualisation)

The argument made in the following is that prevention is not simply a policy strategy, but a way of seeing that is seemingly self-evident and virtually inescapable. It is suggested that the preventive gaze has a transformative force because it actuates both state-centred and society-centred mechanisms of state development, because it relates to the fundamental characteristics of contemporary society, and because its conceptual characteristics produce an expansive logic.

3.2. State mechanisms: governing through freedom

Earlier in this study, the following four state-centred mechanisms of state development were distinguished:⁵⁷⁶

1. Power strives for preservation
2. Power strives for justification
3. Power strives for the governability of its subjects
4. Power strives for the acquisition of resources for its preservation and exertion

Elements of these mechanisms are present in the two case studies: the preventive gaze infuses and actuates them. First of all, the preservation of power is explicitly mentioned as an argument for preventive interventions in crime policy. The rise of petty crime during the 1970s and early 1980s not only threatened the security of the population, but also the state's role as ultimate arbiter of societal conflicts and as credible enforcer of the legal and public order. In public health policy, the quest for the preservation of power is not as explicit, but still plays a crucial role: the rise of lifestyle diseases not only threatened the personal health of citizens, but also the societal vitality and economical productivity of society in general. An important argument for government to intervene in public health is the strengthening of the state through material wealth (cf. Foucault, 2004).

Second, the government's quest for public justification of preventive interventions is characterised by two tightly interrelated arguments. The first of these is the *protection of the population* against harm occurring beyond the scope of control of individual citizens. In the crime policy case, victimhood is an often implicit, but nonetheless crucial, element of the government's definition power: the emphasis on reclaiming the public domain, on subjective feelings of insecurity among the population and on the decline in social cohesion and control suggest that society is incapable of protecting itself against crime and other sources of insecurity. The state needs to step in to protect a vulnerable society.

⁵⁷⁶ These should be understood as historical movements and not as a-historical axioms.

And in the public health policy case, the initial argument that citizens only need to be protected against exogenous health threats outside their own direct control was abandoned with the introduction of prevention of lifestyle diseases. The subsequent politicisation of lifestyle was initially justified by an emancipatory argument: providing objective information about a healthy lifestyle and providing facilities for physical exercise were the most important techniques deployed. However, this emancipatory approach was gradually complemented by a more regulatory approach: whereas the former approach presumed the image of the rational citizen, the latter presumes that citizens often lack the willpower to resist the many unhealthy temptations in contemporary society. Lifestyle regulation aims to protect citizens against these unhealthy temptations.

The second argument in government's theory of public justification is *serviceability to society*.⁵⁷⁷ Society is not only portrayed as a fragile and vulnerable entity in need of state protection, but simultaneously as a source of justified demands for collective action. In the crime policy case, government presents the shift to prevention in the 1980s, as well as the decisive approach to insecurity from 2002 onwards, as an answer to societal demands for intensified state interventions.⁵⁷⁸ And in public health policy, a similar argument is developed in the form of the rhetorical construction of a convergence between the interests of the state and the interests of citizens. State interventions are justified, since they help citizens to become aware of the fact that a healthy lifestyle is in their own personal interest – an argument probably best expressed in government's ambitions to “become an ally of citizens” (CA, 2007:3; CA, 2010:3) and to “make the healthy choice the easy choice” (HN, 2008:5).

⁵⁷⁷ Typical for political serviceability and the political quest for legitimacy is the design of policy memoranda and government's choice of words from 2002 onwards. It seems as though policy memoranda are no longer addressed to Parliament, but instead directly to the population: important memoranda are printed in full colour, with an attractive design and use of photographs, and their pages are filled with powerful language, expressions of subservience towards the interests of citizens, and one-liners to summarise policy ambitions. At the same time, many implications of policy ambitions are left implicit and are – consciously or not – ‘veiled’ behind the communication of ambitions.

⁵⁷⁸ There is also the possibility of another explanation for the role of representative politics. According to Van Schendelen (in De Beus & Van Doorn, 1984:244-245), politicians and professionals need a metaphorical ‘smouldering fire’ to permanently justify interventions. If fires break out too often, a fire commander runs the risk of being replaced. However, if there has never been a fire, the same fire commander runs the risk of cutbacks on personnel and equipment. Any politician or professional who wants to maintain his position needs to find a balance between these two extremes. A preventive narrative (‘we have to act now to prevent a disaster later on’) is a perfect example of constructing such a ‘smouldering fire’. Moreover, this logic implies that politicians and professionals have an incentive to never fully resolve a societal issue.

Third, prevention can be understood as a new strategy to increase the governability of late-modern society. The existing models of the constitutional and the welfare state proved incapable of dealing with new forms of undesirable behaviour. In the face of rising crime rates during the 1970s and 1980s, the Dutch government realised that penalising certain acts was becoming less and less effective in the striving to achieve law abidance. And in the face of diseases of affluence arising from citizen behaviour and lifestyle choices, the government realised that health care and protection against exogenous health threats were ineffective in the further improvement of public health.

Prevention is a new form of 'governing', or 'structuring the possible field of action of others' (Foucault, cited by Hunt, 2009:4).⁵⁷⁹ Prevention can be seen as a new effort to realise an "effective and productive management of populations" (Pierson, 2004:75) through techniques such as surveillance, education, facilitation, financial disincentives and regulation. The 'governmentality' (Foucault, 2004) of prevention "[...] is not a matter of imposing a law on men, but of the disposition of things, that is to say, employing tactics rather than laws, or, of as far as possible employing laws as tactics; arranging things so that this or that end may be achieved through a certain number of means" (Foucault, 2007:99). If we understand the prevention state as *a new chapter in the history of 'governmentality'*, we can see a direct line from 19th century strategies to civilise and mould the character of a large section of the population – through such institutions as pauper schools, reformatory prisons and lunatic asylums, and such provisions as public parks, museums and bath houses (Rose, 1999:103-104) – via 20th century welfare state services of health care, education and public housing, to early 21st century strategies to manage responsibility and solidarity in preventive practices. The common thread is the constant concern for self-discipline, self-restraint and self-control: "The will is to be trained to master the lower passions" (Rose, 1999:105).

Desirable behaviour is not directly enforced, but a web of incentives and disincentives is spun around society to extract voluntary obedience. According to Rose (2000:323), this type of control or 'moulding of conduct' is typically dispersed and flows through many networks of authorities and professionals rather than being executed from a hierarchical centre. The underlying 'mentality of rule' aims to work "[...] upon the ways in which individuals regulate their own behav-

⁵⁷⁹ Prevention can also be understood in terms of the development from a 'nomocracy' to a 'telocracy' (De Jouvenel, cited by Van der Graaf & Hoppe, 2007). In the classic constitutional state and in Weber's rational-legal authority (1922), rule is typically exercised through laws to set the boundaries for acceptable behaviour. In contrast, the emergence of the welfare state marked, according to De Jouvenel, the emergence of a type of rule through policy goals and problem-oriented interventions to realise those goals.

ior to ensure this is consonant with the interests of the state" (Pierson, 2004:75). Government works upon self-regulation and self-discipline. It identifies individuals and their social contexts as objects of intervention in order to make them governable: "To govern humans is not to crush their capacity to act, but to acknowledge it and to utilize it for one's own objectives" (Rose, 1999:4).

The prevention state understands freedom as justification for and object of intervention. In this understanding of government, *freedom is not the opposite of political power, but an instrument of political power* (Rose, 1999). For instance, the idea of individual freedom and autonomy forms the basis of our conceptualisations of the constitutional state and the administration of justice, which legitimise state interventions on the presumption of individual accountability; of our conceptualisations of capitalism and the free market, in which the free movement of goods, capital, services and people is instrumental to the acquisition of (both individual and collective) material wealth; of our conceptualisation of the welfare state, which introduces presumed boundaries of individual responsibility to justify a large scale redistribution of wealth; and also of our conceptualisation of the prevention state, which avails itself of specific interpretations of 'responsibility' and 'solidarity' to justify interventions.

Fourth, the development of a preventive *intervention repertoire* can be understood as an expression of the acquisition of resources for the preservation and exertion of state power. Society cannot be governed by decree only. Besides definition power, a state requires intervention power to back up its claims to (pastoral) power.⁵⁸⁰ Characteristic for the prevention state is the development of strategies which work upon the ways citizen act and choose in their daily lives. These provide a repertoire, which aims to *govern through freedom*, which can be described as making people change their behaviour out of their own free will.

This repertoire consists of regulatory, financial, communicative, facilitative, cooperative and surveillance techniques. More specifically: the formal-legal competences of mayors in crime prevention have been expanded. Tobacco and alcohol excises have been raised.⁵⁸¹ Health education and social marketing campaigns for a healthy lifestyle have been developed, and Security Houses estab-

⁵⁸⁰ In the two case studies, roughly three phases can be distinguished in the development of the prevention state's intervention repertoire. The 1980s were a period of agenda-setting. Prevention was presented as the answer to contemporary crime and health issues. Over the course of the 1990s, the initial agenda-setting was followed by a structural implementation of ambitions. The 'institutional void' (Hajer, 2003) of an undeveloped new governing strategy was gradually overcome. And in the 2000s, the initial reluctance to intervene in direct societal processes and citizen behaviour had been largely overcome.

⁵⁸¹ However, government also has its financial arguments to keep certain unhealthy products, such as tobacco and alcohol, in circulation: excises are an important source of income.

lished. Cooperation with societal actors has been organised in covenants and contracts. Police surveillance and systems for the monitoring of risk factors are now widely used.

When these efforts to increase the governability of the population are combined with the protective role of the state in the government's theory of justification, the image of *the state as society's shepherd* emerges (cf. Rose, 2000:323). This image of the relation between state and society is derived from Foucault, who described this relation along the lines of two 'games'. The first of these is the 'city-citizen game' where the image of society as a 'polis' and the concern for the 'res publica' are dominant: "the individual as *citizen* who exercises *freedoms and rights* within the *legal and political structure* of the political community on the basis of *equality* with other citizens" (Dean, 1999:82). And the second is the 'shepherd-flock game', as if the state were a shepherd who has the responsibility to look after the wellbeing of his flock: "the individual as a *living being* whose welfare is to be cared for as an individual and as a part of a population, as one who must be integrated within complex forms of *social solidarity*" (Dean, 1999:82).

In the prevention state this 'shepherd-flock game' is emphasised over the 'city-citizen game'.⁵⁸² The power of prevention is typically 'pastoral' in nature: "Pastoral power is a power of care. It looks after the flock, it looks after the individuals of the flock, it sees to it that the sheep do not suffer, it goes in search of those who have strayed off course, and it treats those that are injured" (Foucault, 2007:127). The image of the shepherd is a benevolent one: "[...] pastoral power is [...] entirely defined by its beneficence; its only *raison d'être* is doing good, and in order to do good. In fact the essential objective of pastoral power is the salvation [...] of the flock" (Foucault, 2007:126). However, the shepherd demands 'pure obedience' from the sheep in return (Foucault, 2007:174).

3.3. Societal mechanisms: the enemy within

Earlier in this study, the following four society-centred mechanisms of state development were distinguished:⁵⁸³

1. A population (or certain parts thereof)⁵⁸⁴ calls upon authorities for protection if threats to the existing order are perceived as being beyond the control of individual inhabitants

⁵⁸² According to Foucault, the welfare state played both games simultaneously: people were looked after by the state according to a set of social rights. Based upon the empirical findings in this study, it is conjectured that the prevention state shifts the balance towards the shepherd-flock game. The prevention state emphasises discretionary spaces for administration over the rights of the city-citizen game.

⁵⁸³ These should be understood as historical movements and not as ahistorical axioms.

2. A population (or certain parts thereof) calls upon authorities for the realisation of interests which are perceived as being unattainable by individual or private action
3. A population (or certain parts thereof) seeks to limit, control, avoid or resist the power of authorities if it is perceived as a threat to societal interests
4. A population (or certain parts thereof) seeks alternative forms of collective action to realise societal interests if the authorities lack the ability or legitimacy to do so

In both case studies, the preventive gaze works upon these four mechanisms. The first two mechanisms refer to societal demands for state intervention. These can stem from either a need for protection or from a desire to realise certain interests. The former can be understood as being inherent to the very existence of the state: following Hobbes, the state is born out of a population's quest for protection and self-preservation in the face of a latent 'war of all against all'. In contrast, the latter implies a broader understanding of the state as an entity whose power can be used for the realisation of more 'positive' objectives than merely protecting the existing (public or legal) order. For instance, the welfare state serves a population's demands for social security, health and equal opportunities.

Crime prevention, as well as the broader concern for public order can be seen in relation to societal demands for protection. Both the 1985 embracing of prevention and the 2002 paradigm shift from crime to security were explicitly justified by the government with reference to societal concerns about rising crime rates and widespread feelings of insecurity, respectively. The state was called upon to act, since the problems had gone far beyond the control of individual citizens or society in general. In contrast, the prevention of lifestyle diseases, as well as the broader approach to promote a healthy lifestyle can be seen in relation to 'positive' societal demands for the realisation of interests that are perceived as being unattainable by individual or private action. The promotion of a healthy life forms the core of government efforts to avert endogenous health threats – efforts for which citizens require support by the state in a society characterised by unhealthy temptations.

From the perspective of these mechanisms, the aforementioned construction of shared interests between state and society is not a strategy to justify state interventions, but the representation of popular will. Whereas state-centred

⁵⁸⁴ The development of the state is not necessarily determined by the majority of the population, but can also be determined by a minority, such as a powerful ruling elite (e.g. Mosca, 1896) or ruling class (e.g. Marx & Engels, 1848).

mechanisms tend to stress an 'invasive image' of the state, society-centred mechanisms tend to stress a 'serviceable image' of the state (cf. Poggi, 1990). This interrelatedness between the state-centred mechanism to increase the governability of society and the society-centred mechanism to realise certain collective interests suggests that *the prevention state is a self-evident direction for state development, because it is simultaneously responsive to the interests of state and society.*

This brings us to the third and fourth society-centred mechanism of state development: the question of whether the state is perceived as a threat to societal interest and whether there is an alternative means available to realise collective action. The government's ambition to "become an ally of citizens" (CA, 2007:3; CA, 2010:3) provides an interesting insight into these two mechanisms. Supposing that this ambition is an expression of a will to serve society,⁵⁸⁵ it implies that society is vulnerable to harm without the protective assistance of the state. Society depends on the state for protection and the realisation of interests – there are no alternatives for collective action available in an individualised society. The metaphorical alliance between state and society introduces the image of state and society fighting side by side against threats to their shared interests.

Moreover, the empirical findings suggest that state interventions are not perceived as a threat to societal interests, but instead as a necessity to avert threats from within society. The rise of petty and violent crime and the rise of lifestyle diseases are typical products of a prosperous and individualised late-modern society. The faltering of the constitutional and welfare state is a consequence of new threats to public order and health caused by citizen behaviour. In terms of the metaphorical alliance between state and society: *the metaphorical enemy is 'among us'*. As a consequence, the alliance between state and society is also a mechanism of inclusion and exclusion: inclusion of citizens who comply with the shared interests of the alliance, and exclusion of deviant citizens.

More specifically, images of the decent and healthy citizen underlying preventive measures in crime and public health policy serve as the implicit ideals for the behaviour of citizens, while simultaneously enabling the identification of deviant behaviour. The more an individual deviates from the norm of the decent and healthy citizen, the more he or she is affected by state interventions and the

⁵⁸⁵ The invocation of the popular will is a common political strategy. Politics is a struggle of images (Edelman, 1977), of values (Tops & Zouridis, 2002) and of narratives (Van der Steen, 2009). And politicians tend to speak 'on behalf' of a public (Van Middelaar, 2009) to legitimise their words and actions. However, the metaphor of the alliance expresses the idea that every action by government is justified as subservient to the demands and interests of the electorate. Contradictions are ruled out and political will formation is presented as a mirror reflection of popular will: representative politics is presented as 'mimetic politics' (Peeters & Drosterij, in Lamé, 2011).

more he or she is viewed as a justified object of state intervention. The citizens who display deviant behaviour are mostly adolescents or members of the lower socio-economic strata,⁵⁸⁶ including many ethnic minorities. Therefore, even if the state is conducive to societal interests, this does not necessarily make the state a benevolent entity for all citizens.

3.4. Belief system: the dualities of late-modernity

The aforementioned mechanisms of state development described how the preventive gaze moved contemporary political reality beyond the models of the constitutional and the welfare state. In the following, the specific historical conditions for the rise of the preventive gaze are discussed. The contemporary Western European 'belief system' (including the way we deal with risks) as well as the contemporary Western European urbanised, individualised and post-industrial 'social system' provide the 'social bearers' (Weber, 2006:31) upon which the prevention state is built and depends (cf. Garland, 2006:2).

A 'belief system' can be constructed from the paradigms and values which make up a society's general outlook on social reality. Based on several sociological studies, three characteristics of this belief system are discussed, in order to outline a context in which the development of a prevention state could take hold. These characteristics deal with our attitudes towards future, reason and freedom.

⁵⁸⁶ This raises the question of whether the rhetorical alliance between state and citizens more or less represents the agenda of the middle class. This is the societal class which also historically speaking, is usually directly affected by deviant behaviour of others: the middle class roughly shares the same territorial (urban) space as lower classes and therefore experiences threats to health and security more strongly than an upper class, which can afford to back out of vulnerable territories (e.g. De Swaan, 1988).

Furthermore, the middle class has since long been the 'favourite' class of democratic rule: decency, a sense of responsibility, stability and productivity characterises this class more than criticism, protest and active citizenship (De Haan, in Kloek & Tilmans, 2002:247); bourgeois and civility instead of political citizenship. In the words of Aerts: "The constant element in all descriptions [of 'bourgeois' and 'civility'] is: ordinary, average, common" (Aerts, in Kloek & Tilmans, 2002:316; my translation, RP). And in more literate terms, Hermann Hesse describes the bourgeois as follows: "Der Bürger ist [...] seinem Wesen nach ein Geschöpf von schwachem Lebensantrieb, ängstlich, jede Preisgabe seiner selbst fürchtend, leicht zu regieren. Er hat darum an Stelle der Macht die Majorität gesetzt, an Stelle der Gewalt das Gesetz, an Stelle der Verantwortung das Abstimmungsverfahren" (1999:64).

At the same time, the bourgeois middle class can be a strong advocate of collective action. For instance, Hunt (1999) describes how social movements since the 19th century have aimed for 'moral regulation' of indecent behaviour, such as obscenity, alcohol abuse, poor hygiene, poor manners and prostitution. A constant element is "[...] the passionate conviction that there is something inherently wrong or immoral about the conduct of others" (Hunt, 2009:ix).

First, typical for the age of modernity is the “colonisation of the future” (Giddens, 1991:111): the belief in man’s possibility to anticipate and control the future.⁵⁸⁷ In the modern age, the future is no longer understood as predetermined or purely random, but as manageable by deliberate human action: “The ability to define what may happen in the future and to choose among alternatives lies at the heart of contemporary societies” (Bernstein, 1998:2). Contrary to ancient times, in which fate was incorporated as an inevitable tragic element of the human condition, and to Christian times, in which fate was humbly accepted as the will of God, modern times are characterised by a “domestication of fate” (De Mul, 2006).

According to authors such as Giddens (1990), Beck c.s. (1994) and Bauman (2000), this specifically modern outlook is complemented in contemporary ‘late-modern’ times by a more nuanced attitude towards the future. We have not abandoned the age of modernity, yet have nonetheless become aware of man’s limitations to control and plan the future (cf. Ankersmit, 1996; Frissen, 1999). Moreover, the very activities undertaken to control the future produce unanticipated consequences. This is the age of ‘reflexive modernisation’ (Beck c.s., 1994),⁵⁸⁸ in which the consequences of the modernisation process are critically examined: “Der Modernisierungsprozeß wird ‘reflexiv’, sich selbst zum Thema und Problem” (Beck, 1986:26). The focus of modernisation shifts from the control of external/natural threats to the control of man-made threats. In a ‘risk society’ (Beck, 1986), the harms produced by the unintended consequences of modernisation are the core object of collective action. This can take the form of concerns about the consequences of industrial society in terms of public health, environmental pollution, climate change and nuclear energy, as well as concerns about human behaviour in a prosperous, individualised and detraditionalised society (as we saw in the two case studies).

Prevention can be viewed as the archetypal late-modern attitude towards the future. It expresses both the modernist ideal to control the future by means of human anticipation and intervention, as well as the late-modern focus on the risks produced by contemporary society. The *preventive gaze captures the duality of the late-modern attitude towards the future*. It implies an orientation towards possible

⁵⁸⁷ Modern man is equipped with a notion of ‘risk’ to assess the future implications of his actions: “The notion originated with the understanding that unanticipated results may be a consequence of our own activities or decisions, rather than expressing hidden meanings of nature or ineffable intentions of the Deity. ‘Risk’ largely replaces what was previously thought of as *fortuna* (fortune or fate) [...]” (Giddens, 2009:30).

⁵⁸⁸ Reflexivity is described by Giddens as follows: “The reflexivity of modern social life consists in the fact that social practices are constantly examined and reformed in the light of incoming information about those very practices, thus constitutively altering their character” (Giddens, 2009:38).

negative futures and a belief in the possibility to avert these by means of collective action.

Second, a characteristic of the contemporary belief system closely related to the late-modern outlook on the future is the emphasis on reason and rationality as the guidelines for the design of human activities. According to Foucault, typical for the modern age is a 'will to knowledge' (1976) – a will to understand the world surrounding us by means of rational inquiry. Moreover, there is a close relation between reason and rule – a relation which Foucault termed 'power/knowledge' (1980). Government in modern societies rests to a large extent on the acquisition of knowledge. Statistics provide the state with information about its population. And science develops an understanding of the causes and dynamics of social phenomena. For instance, criminology has as objective to explain the causes of human behaviour; the objective of public health is to lay bare the determinants of health.⁵⁸⁹

At the same time, the aforementioned 'reflexive modernisation' (Beck c.s., 1994) is, in many ways, a logical outcome of this will to knowledge: the use of reason itself becomes the subject of critical scrutiny. As a result, the will to knowledge reveals its own limitations: objectivity has been exposed as contingency, causality has been exposed as simplification, and certainty has been exposed as self-deception. In short, reflexivity is the late-modern product of the will to knowledge.

Prevention is characterised by a *duality in the late-modern attitude towards reason*. On the one hand, a belief in objective knowledge is abandoned: the justification for prevention rests on possibility rather than undisputed facts. In the face of possible harm, something must be done. Moreover, the selection and assessment of risks is a highly subjective process (e.g. Douglas & Wildavsky, 1982). On the other hand, preventive strategies are very much a form of power/knowledge (Foucault, 1980): monitoring, statistical extrapolation and scenario studies are developed to gain insight into future developments, and scientific research is used to develop evidence-based interventions. In short, risk selection and risk assessment are both rational and subjective.

Third, a striking empirical finding was the transformation of the notion of 'responsibility': citizens are appealed to by the state regarding their ability to consider the consequences of their behaviour in advance, instead of being held to

⁵⁸⁹ However, the spill-over of scientific knowledge into the political arena is not self-evident: even though this is not the place for an analysis of the relation between science and politics, it is evident that there is a considerable delay and filtering in the application of knowledge on the causes of disease in policymaking (e.g. Mackenbach, 2011).

account following certain behaviour (which is central to the state-citizen relation in the constitutional state). This transformation can be related to the idea of 'individual freedom', which is central to the modern western belief system (e.g. Berlin, 2007). The prevention state does not abandon the value of freedom, but uses it as a mechanism to govern society. 'Free' citizen behaviour – such as the behaviour of people in the free public domain and the choices people make with regard to their health – is simultaneously understood to be an important source of risks and an important part of the solution. This *duality of freedom as something to be controlled and something to be valued* characterises the prevention state's intervention repertoire.

At the heart of the prevention state "lies the problem of control in a 'free society'" (Rose, 2000:337) and the question: "how can one govern virtue in a free society?" (Rose, 1999:46). Typical for preventive interventions is the thin line between freedom and discipline. In principle, citizens are not coerced to alter their behaviour, but are enticed, persuaded, allured and called upon to do so through surveillance activities, education, the design of the opportunity structure, parenting support, lifestyle interventions, appeals to citizens' personal interests, and the transfer of social norms via moral appeals and social marketing. Ideally, citizens align their behaviour with collective interests of their own accord. Power in modern western societies is typically exercised in this way: not through explicit or violent coercion, but through techniques to produce voluntary obedience (cf. Foucault, 1975).⁵⁹⁰

⁵⁹⁰ Illustrative in this respect is the move beyond the rational citizen in Dutch public health policy. Man is not perceived as a fully rational being who can be persuaded to choose differently by mere objective information, but instead as a being with a structural lack of willpower and tendency towards irrationality (Thaler & Sunstein, 2003; WRR, 2009:5). Man only has a partial free will (Tiemeijer, 2011:89). Incentives and blandishments in people's environment or opportunity structure have a major influence on the actual choices people make in their daily lives in such areas as health (food choice), finance (savings), mobility (traffic congestion) and energy use. Deliberate interventions in this opportunity structure are called 'choice architecture' or 'nudges', and the normative justification for these interventions is called 'libertarian paternalism' (e.g. Thaler and Sunstein, 2008). The basic question behind this type of interventions is: "How much choice should be offered?" (Sunstein & Thaler, 2003:1195).

Instead of the traditional strategy of rational persuasion through information campaigns, the conscious and unconscious transfer of social norms (of what 'normal behaviour is') takes central stage. People interact and observe other people's behaviour constantly and have an inclination to adapt their behaviour to what is apparently 'normal' (Tiemeijer c.s., 2009:17, 141-142, 146-147). In his broad approach to the psychology of choice making, Tiemeijer (2011:96-102) distinguishes two strategies for influencing the flow of incentives and stimuli towards individuals.

The first strategy is to work upon people's bounded rationality and unconscious psychological processes via influencing affective tags (emotional value of certain behaviour, such as the social acceptance of smoking), changing routines and habits (for instance, individuals are likely to be more willing to change their lifestyle after first signs of disease), influencing the

3.5. Social system: the drawbacks of progress

A 'social system' can be constructed along the lines of the structural characteristics of society. Several sociological analyses of the consequences of the development towards a fragmented 'network society' (Castells, 1996) provide an understanding of contemporary collective problems and their answers. In the following, it is suggested that the prevention state may be *a response to the drawbacks of progress*: a globalised and individualised post-industrial society produces new types of risk that undermine traditional forms of social control, which subsequently calls for new governing strategies.

The modernisation process has brought major social, cultural and moral transformations. The 18th and 19th century process of industrialisation saw the development from traditional rural communities to the weak ties of urban communities. In the contemporary age of late-modernity, this has further developed into a process of individualisation. Collective norms, traditions, national identities and social cohesion have faded in the face of tightly interwoven societal, technological and economical developments towards a further detraditionalisation and multiculturalisation of society, a virtualisation of communication, and a globalisation of the economy (e.g. Castells, 1996; Bauman, 2000; Blokland, 2006).⁵⁹¹

Traces of these broad social developments can be identified in the two case studies. The empirical findings show that issues of crime and security are often perceived in relation to processes of individualisation, multiculturalisation and decline of social cohesion. Prevention of deviant behaviour can be viewed as a compensation for the tendencies inherent to contemporary late-modern society: when a fragmented society is incapable of upholding implicit social and behavioural norms and guidelines, the state steps in to promote normative ideals of

environment (as in the 'broken window theory'), and choice architecture (such as displaying healthy food in canteens).

The second strategy follows reason, not only in terms of rational persuasion, but also in terms of persuasion through subjective norms (informing people that their behaviour deviates from the social norm, such as telling people they have a higher power consumption than their neighbours) and appeals to self-control (creating concrete implementation intentions for behavioural change, such as taking the stairs as a means to lose weight).

⁵⁹¹ In this respect, Castells (1996) refers to a 'network society' in which interaction transcends the territorial 'space of places' and extends to the virtual and global 'space of flows'. This has significant consequences for the way societies are organised: more around 'nodes and hubs' than around fixed and vertical institutions and forms of living together. Bauman (2000:31) refers to individualisation as the transformation of identity from a 'given' into a 'task'. And Giddens (1991) calls late-modernity the end of the age of emancipation and the beginning of the age of lifestyle: instead of a struggle over life chances (which also characterised the welfare state to a large extent), a constant personal and collective reflection on the proper direction and nature of behaviour takes central stage.

proper behaviour. The prevention state shifts attention from legal norms as the capstone of socially shared norms – the model of the constitutional state – to the normative void left behind by societal fragmentation.⁵⁹²

And with regard to issues of public health, structural economical transformations are an important explanation for the rise of lifestyle and non-communicable diseases.⁵⁹³ Health issues in late-modern societies do not follow from poverty or a lack of health care services, but instead from the huge increase in wealth and the accompanying rise of non-physical labour, motorised forms of transport, and availability of food. Prosperity and welfare state services have tamed those health threats that are beyond the control of individual citizens, but have at the same time produced new threats, namely those resulting from individual behaviour. The prevention state shifts attention from emancipation in the form of equal rights and life chances – a focal point of the welfare state – to influencing the way people deal with their life chances.

In short, the prevention state may be the embodiment of the political response to the undesirable consequences of modernisation and the challenges of the late-modern ‘network society’ (Castells, 1996): “the problems is [...] the governability of the passions of the self-identified individual and collectivities: individuals and pluralities shaped not by the citizen-forming devices of church, school and public broadcasting, but by commercial consumption regimes and the politics of lifestyle [...]” (Rose, 1999:46). Even though the position of the state has been challenged by economical globalisation, the rise of powerful multinationals, forms of international government, virtual and globalised forms of communication, and the decline of fixed societal norms and institutions, it remains a beacon of stability in a seemingly chaotic age (cf. Boutellier, 2011:117-118).

⁵⁹² Typical in this respect is the shift in societal attitude in the Netherlands towards state interventions in crime and security issues. During the 1970s, the state was seen as the main problem in the approach to crime: criminal law labelled persons as a criminal and punitive interventions merely inflicted unnecessary pain. This changed during the 1980s as the societal dissatisfaction with petty crime slowly pushed aside critical attitudes towards the state, authority, police, penal system and criminal law (e.g. Smits, 2008). Ironically, many of the changes proposed in the 1970s with regard to the societal function of punishment – socialisation instead of retribution – have been implemented in the prevention state, where they sit side by side more repressive-preventive approaches.

⁵⁹³ That said, prevention also serves economical interests. Labour productivity is in the case of public health policy an important argument for state intervention as well as for companies to improve the health and lifestyle of their employees. Moreover, prevention itself can become an economic commodity, for instance in the form of non-police surveillance, technological means for surveillance and monitoring, and preventive measures for fire and theft insurance and health insurance companies.

3.6. *The expansive logic of prevention – an immanent mechanism*

Besides the mechanisms of state developments and the characteristics of the contemporary Western European belief and social system, the preventive gaze can be identified as a mechanism for state development by itself – an immanent mechanism. The effectiveness of prevention increases the more interventions are organised in close proximity to the identified risks, the more these are characterised by a comprehensive scope covering all identified risks, and the earlier these are implemented in the development of the identified risks. A prevention state has an immanent tendency towards an increasingly in-depth, all-embracing and swift approach to risks.

The logic of prevention is an *expansive logic*. Prevention produces more prevention. This logic is most clearly evident in the aforementioned three principles of organisation underlying preventive interventions:

- The more detailed the better (principle of proximity): prevention has an inherent tendency to intervene as closely as possible to the identified risks.
- The more comprehensive the better (principle of coordination): prevention has an inherent tendency towards an all-embracing approach to all the identified risks.
- The earlier the better (principle of timeliness): prevention has an inherent tendency to intervene in the identified risks as early as possible.

More specifically, crime prevention starts by stepping up law enforcement efforts and technical prevention against petty crimes, and ends up with personalised behavioural approaches towards risk citizens. Disease prevention starts with health information and education, and ends up with personal support to change lifestyles, and choice architecture to ensure that the healthy choice is the easy choice. This expansion of prevention does not have to be a deliberate political strategy, but is already present in the very logic of the actual implementation of preventive policies and measures (cf. Boutellier, 2011:93).

Furthermore, prevention is to some extent also immune to evaluation. This further strengthens its expansive logic. It is never certain that enough is being done to prevent an undesirable phenomenon from occurring in the future. Consider the previously discussed⁵⁹⁴ example of the threat of terrorist attacks: how to evaluate the terrorist attack that never occurred? The absence of an attack might lead to a continuation of security measures: the problem is absent precisely because preventive measures were taken. And suppose a terrorist attack were to occur? The probable response would be an increase in security measures: preven-

⁵⁹⁴ See the introductory chapter.

tion has failed because not enough was done. In short, every outcome of an evaluation could lead to arguments for the continuation or further increase of prevention.

This expansive logic, combined with the previous discussion of state development, suggests that prevention is more than a policy strategy, which can be deliberately applied to specifically selected social problems. Instead, the preventive gaze has become an almost self-evident mode of thought in politics and policymaking. The perspective of prevention infuses problem analysis, problem definition and problem solution in such a way that a systematic approach to the structural causes of undesirable phenomena seems to be the natural mode of intervention.⁵⁹⁵ Doing nothing in the face of risks is not an option. 'Something must be done' (cf. Van Eeten, 2010).

⁵⁹⁵ Hence, the prevention reflex is not a superficial response, but rather an expression of an already fully internalised perspective.

4. Discussion

4.1. Introduction: stepping back or stepping in?

The rise of the prevention state seems in many ways contrary to other well-documented developments in western states, most notably the emergence of the 'regulatory state' (e.g. Majone, 1997) and the shift from 'government' to 'governance' (e.g. Rhodes, 1996; Hajer & Wagenaar, 2003). The notion of the regulatory state evokes an image of a retreating state and of 'indirect government' (Majone, 1997:147). The regulatory state leaves the organisation and management of public goods (such as health care, social security and infrastructure) to (semi-) private actors and relies on sets of regulations to manage these actors from a distance, and sometimes even via decentralised semi-autonomous and non-governmental regulatory agencies (e.g. Black, 2002; Majone, 1994, 1997; Vonk & Tollenaar, 2010; cf. Foucault, 1975).

Risk management and risk-based monitoring do play an important role in the regulation of food safety, environmental pollution, health care quality and critical infrastructures (e.g. Braithwaite, 2000). Regulation at a distance implies a focus on the potential risks produced by other actors. However, the present study into the prevention state shows that prevention not only entails regulation at a distance, but can also imply the penetration of the state into the social domain and into the governance of social relations.⁵⁹⁶

The shift 'from government to governance' evokes an image of a modest state, characterised by "the recognition of the limits of government and governmental steering and the shift towards central government's reliance upon other actors, sectors, and levels of government" (Bekkers c.s., 2007:3). Analyses of governance stress that the contemporary Western European state does not have a monopoly on the creation of public value, but instead operates in broader networks of non-governmental organisations, supranational organisations (such as the EU), regulatory agencies, privatised welfare services and multinational businesses (e.g. Kjær, 2004:22; Pierre, 2006:4).

The analysis of the prevention state shows how typical techniques of governance can be used for interventionist purposes, as well. Efforts to enable, persuade, entice, allure or nudge citizens to behave prudently may require citizen

⁵⁹⁶ It should be noted, however, that certain interpretations of 'regulation' include a broader set of activities to modify human behaviour. In these interpretations, 'regulation' resembles in many ways what Foucault (2007) understood under 'governmentality'. Consider, for instance, the following definition of 'regulation' by Black: "Regulation is the sustained and focused attempt to alter the behaviour of others according to defined standards or purposes with the intention of producing a broadly identified outcome or outcomes, which may involve mechanisms of standard-setting, information-gathering and behaviour-modification" (Black, 2002:20).

cooperation, but are also the product of an ambition of “[...] working upon the ways in which individuals regulate their own behaviour” (Pierson, 2004:75). In this perspective, ‘governance’ is not so much a form of modest government, but of interventionist government, which seeks to manage behaviour: “Governance [...] marks the space of a liberal game of assimilation. Where many political discourses seek to articulate a field of antagonistic forces as agents of political transformation, governance seeks to implicate them as ‘partners’ in a game of collective self-management and modulated social adjustment” (Walters, 2004:35).

The contemporary Western European state may indeed be modest or even be in the process of taking a step backward in certain domains, it is also *stepping into society* with regard to various other social issues. The prevention state evokes an image of an interventionist rather than a modest state. In this final section, the implications of the prevention state’s rise for the relation between state and society are discussed. In line with the theory-generating objective of this study, the discussion focuses on the structural effects of prevention for the state as a societal phenomenon. And following the distinction between definition power and intervention power, several critical observations are made regarding developments in both elements of state intervention.

In terms of definition power, the introduction of the preventive gaze in the realm of the state leads to a *usurpation of the state-free domain*. Seen from the perspective of prevention, the public and private domains are logical objects of intervention if risks are identified there. And in terms of intervention power, the prevention state takes everyday life as the focal point of its interventions – in overt ways towards risk citizens and through more covert techniques towards the general public. In other words, the rise of the prevention state coincides with a *politicisation of behaviour*.

These developments are logical from a preventive perspective – they are the response towards a new type of threat to public order and health for which the existing repertoires of the constitutional and welfare state were deemed insufficient. However, the values at the heart of the prevention state are potentially at variance with other values, such as privacy, the rule of law, and negative freedom. In the following, the oppressed values in the prevention state are made explicit and suggestions are made for the moderation of prevention.

4.2. *The usurpation of the state-free domain*

Phenomena which were ‘neutral’ or ‘a-political’ in the constitutional or welfare state have become a political concern in the prevention state. The identification of risks to prevent such undesirable phenomena as crime or disease is the mechanism by which the state’s new range of activities is determined. Instead of crime as

such, the risk factors for crime have become the object of intervention. And instead of merely providing health care to cure disease, the state has developed an intervention repertoire geared to the risk factors of disease.

In the two cases studies, more or less fundamental demarcations of state responsibilities were replaced by pragmatic attitudes prompted by the ambition to approach all relevant risk factors. The preventive intervention repertoire was gradually expanded to include such activities as the design of the public domain, surveillance of behaviour in the public domain, outreach activities behind the front door, health education and the social marketing of healthy lifestyles, and personalised programmes for risk citizens to structurally change a certain (e.g. criminal or unhealthy) lifestyle. In the most recently analysed policy memoranda, there was hardly any mention of arguments for the limitation of the prevention state's responsibilities – at least not within the logic of the prevention state itself.

When perceived at an aggregated level, the prevention state has an interest in every potential hiding place of risks and, as a consequence of its focus on man-made risks, in virtually every aspect of social life and human behaviour. Even if this 'Totalbeachtung' or 'total regard' does not necessarily lead to a totalitarian approach, it does make virtually all behaviour and virtually every aspect of social life relevant for the state. In short, inherent to a prevention state is *the tendency to become an all-embracing state*, encompassing previously a-political spheres of public and private life (cf. Trommel, 2009). In a prevention state, there is no such thing as an uncontested state-free domain.

Moreover, now that the targets of intervention have shifted from established facts to risks, the question arises as to what the justification for state interventions is. The issue at stake here is the limitation of state power: if the basis for state intervention is boundless, there are no arguments to limit the exertion of state power. In the constitutional state and under the rule of law, a prior legal infringement is the justification for intervention. And in the welfare state, a prior individual demand for care or protection against phenomena outside the control of individual citizens is grounds for state intervention. However, interventions in the prevention state are justified by statistical correlations between present phenomena and future harm, by professional judgement of causes for concern, and by broad discretionary spaces for administrative action. Moreover, taking risks as the object of intervention always implies a subjective selection of risks and a subjective assessment of the severity of risks. As a consequence, *the prevention state is extremely vulnerable to an arbitrary exertion of power*.

An analysis of risk assessment of psychiatric delinquents can serve as an analogy to lay bare three fundamental differences between hewing to facts versus risks: "First, it is not about legal categorization but administrative decision-

making. Second, it is not about binary distinctions but location on a continuum. Third, it does not identify something fixed, stable, inherent, and hence predictable to all futures, but implies continuous day-to-day risk management of the potentially risky person" (Rose, in Baker & Simon, 2002:211; cf. Castel, in Burchell c.s., 1991; Rose, 2000:332). In much the same way, the prevention state approaches risks with a politico-administrative apparatus, assesses behaviour, not in terms of a clear distinction between health and disease or between legality and crime but in terms of potentially harmful behaviour, and develops a repertoire to systematically monitor developments in this potential for harmful behaviour (which may also imply a focus on a person's entire social context and living environment).

The usurpation of the state-free domain does not necessarily make the prevention state a totalitarian state. The fact that virtually every aspect of social life is in some way of political concern does not imply that every aspect of social life is fully controlled by the state.⁵⁹⁷ However, the tendency towards an all-embracing state fits Tocqueville's analysis of democratic societies as being vulnerable to a fading of the boundaries between state and society and thereby to the development of a 'mild' form of despotism (Tocqueville, 1835/1840; cf. Kruiter, 2010).⁵⁹⁸ This type of despotism does not seek to oppress, but is benevolent. It does not support difference, but promotes equality. It does not follow from a 'totalitarian temptation' (Revel, 1976), but is serviceable to the general will of the people. And it is not realised by an explicit political agenda, but by the silent and slow expansion of the administrative state apparatus (Tocqueville, 1835/1840; cf. In 't Veld, 1982; Frissen, 2007; Kruiter, 2010).

4.3. The politicisation of behaviour

An important ground for the case selection in this study was the distinction between the paternalistic sphere of state intervention, characterised by values of order and retribution, and a maternalistic sphere of state intervention, characterised by values of emancipation and care. The constitutional state forms a histori-

⁵⁹⁷ Moreover, even the most totalitarian regime will always fall short of complete control. As Goffman showed in his studies on 'total institutions' (1961), even in the most densely regulated, fully controlled and strictly disciplined environments, people find voids in the system to use for their private purposes, find places they can retreat to in some sort of privacy, and find comfort in the realisation that their personal thoughts are beyond full control of external influences. In short, every social system has its 'underlife' (Goffman, 1961:305).

⁵⁹⁸ To some extent, the state is stronger under democratic rule than under dictatorship, since the exertion of state power is justified by society. This also abolishes the antagonism between state and society, which may counterbalance the power of the state: "Kings may be murdered or expelled, aristocrats may be stripped of their privileges and churches may be burned. But what to do against the majority?" (Kruiter, 2010:86; my translation, RP).

cal manifestation of the state with paternalistic characteristics, and the welfare state a historical manifestation with maternalistic characteristics. However, several of the activities formerly associated primarily with the one or the other have become more difficult to pin down in the prevention state.

Consider, for instance, the detention and treatment order developed to reduce recidivism among habitual offenders ('ISD'). On the one hand, this is an explicitly paternalistic intervention because of its punitive element. On the other hand, its objective to treat detainees and help them change their lifestyle is explicitly maternalistic in nature. Within an ISD, punishment is part of a treatment and vice versa. Another example is the smoking disincentives policy, in which paternalistic smoking bans are combined with maternalistic information campaigns and support programmes to help people quit smoking.

Furthermore, an organisation such as the Care and Security House is specifically designed to make cooperation possible between organisations from traditionally separate and, to a large extent, opposite sides of the state's intervention repertoire. Here and elsewhere, 'integrated approaches' are designed to overcome organisational barriers that may be logical in the perspective of the constitutional and the welfare state, but hamper effective interventions in the prevention state. Prevention produces mutual 'permeability' of previously separated policy domains and organisations.

What emerges in the prevention state is a hybrid intervention repertoire, which moves beyond the conceptual and factual boundaries between the constitutional state's and the welfare state's intervention repertoire. Care and discipline are complementary rather than opposite values – they can both be instrumental in prevention. The prevention state's intervention repertoire consists of equal parts of surveillance, support, education and disincentives – often within the same practices.

The relation between the prevention state and society seems in many ways to mimic the relation between parents and their child⁵⁹⁹ – especially when risk citizens are involved. The prevention state emphasises regulation over coercion. It emphasises 'pastoral power' (Foucault, 2007:127) over rule by laws. It emphasises intervening in schools, work places, families and neighbourhoods over governing through distant bureaucratic services. It emphasises duties and obedience over rights and freedom. And it emphasises alliances (CA, 2007:3; CA, 2010:3) over antagonisms between state and society. As a consequence, the prevention state tends towards a *pedagogical state*, which has the human mind as its most important object of intervention.

⁵⁹⁹ It is no surprise then, that the prevention state gears its main interventions towards children and adolescents.

The prevention state's hybrid intervention repertoire is instrumental in promoting the pedagogical objective of many policy measures and activities. Paternalistic and maternalistic values are simultaneously applied to undesirable behaviour, with the ultimate objective of structurally changing certain lifestyles, or at least preventing people from exhibiting undesirable behaviour. Underlying this intervention repertoire is a very specific notion of the citizen, as seen through the eyes of the state. Whereas interventions by the constitutional state are justified by the attribution of individual guilt, and interventions by the welfare state by the attribution of victimhood (for which collective arrangements can be made), the core notion through which the prevention state approaches its citizens is *responsibility*.

The notion of 'responsibility' has its etymological origins in the Latin 'respondere', meaning answering or responding. It is associated with both the rendering of account and holding someone accountable. In this respect, Hart (1968) distinguishes four forms of accountability: responsibility as cause (author of certain harm), liability (legal accountability), ability (capacity to give account) and role (formal responsible function).⁶⁰⁰ However, responsibility in the prevention state has a different meaning. It does not refer to a 'passive' ex post accountability, but to an 'active' ex ante quality. Bovens (1990) calls this responsibility a virtue, which "emphasises acting in the present and preventing undesirable situations and events" (Bovens, 1990:35; my translation, RP). The notion of responsibility is transformed in the prevention state from accountability to the capacity of individuals to assess the consequences of their actions ex ante.

Seen through the eyes of the citizen, the experience of the constitutional state is determined by the notion of individual accountability: "one person cannot transfer to another the burden of what happens to him" (Ewald, in Baker & Simon, 2002:274). The experience of the welfare state is determined by the notion of solidarity: in the welfare state, suffering is not one's own fault but something to be compensated through (compulsory) collective insurance and by spreading the costs of harm (Ewald, in Baker & Simon, 2002). In contrast, risks are not compensated, but have become the objects of intervention in the prevention state. And since citizens are perceived as at the same time being the cause and solution, the experience of the prevention state is constituted by *an imperative of prudence* with regard to collectively defined risks. The ideal of citizenship in the prevention state is the "homo prudens" (Adams, 1995): "[...] not to engage in risk avoidance constitutes a failure to take care of the self" (Hunt, in Ericson & Doyle, 2003:182).

⁶⁰⁰ Baker (in Baker & Simon, 2002:33-51) distinguishes the following five meanings of responsibility: 1) responsibility as formal (individual) accountability, 2) responsibility as trustworthy behaviour, 3) responsibility as causality (who has caused a certain harm?), 4) responsibility as freedom or individual autonomy and self-determination, and 5) responsibility as solidarity with the common good. The prevention state emphasises Baker's third and fifth meaning.

With the rise of the prevention state, individual responsibility is transformed from ex post accountability to an ex ante virtue. This, for instance, implies a fundamentally different understanding of the delinquent: “the pervasive image of the perpetrator of crime is not one of the juridical subject of the rule of law, nor that of the bio-psychological subject of positivist criminology, but of the responsible subject of moral community guided – or misguided – by ethical self-steering mechanisms” (Rose, 2000:321). In more general terms, this implies a fundamentally different understanding of the individual: on the one hand, the individual is presumed to have an internal moral compass, on the other hand, government intervention is required to bring about self-restraint, self-control and self-care. The prevention state’s quest is that of “shaping the conduct of free individuals in the direction of civility” (Rose, 1999:73).

Analogous to the transformation of ‘responsibility’ is the transformation of the idea of ‘solidarity’: whereas the welfare state called for solidarity with the victim, the prevention state calls for solidarity from the deviant individual with the community. Solidarity is asked from the citizen who burdens welfare state provisions as a result of avoidable behaviour. For example, whereas disease was associated with a form of victimhood in the welfare state, it is seen as a lack of solidarity with the taxpayer in the prevention state: collective health care expenditures as a result of welfare diseases are portrayed as ‘avoidable costs’, not as an expression of solidarity.

As said before, not every citizen is affected in the same way by the interventions of the prevention state. Those who already comply with the normative ideals of the decent and healthy citizen are less likely to be identified as risk citizens and will probably feel less or differently affected by surveillance activities and by collective interventions in the opportunity structure. The prudent citizen (cf. Adams, 1995) is the other half of the aforementioned metaphorical alliance which Dutch government aims to establish – the citizen who represents the ‘normality’ from which at-risk citizens deviate.

However, the imperative of prudence is also binding for the non-deviant citizen, who voluntarily and of his own accord complies with the collective interests as defined by the state.⁶⁰¹ The government objective to “become an ally of citizens” (CA, 2007:3; CA, 2010:3) implies a strong bond between state and citizen, and a high price is set on breaking this bond. After all, the logic of every alli-

⁶⁰¹ In certain aspects, the logic of preventive measures does not differ radically from what Goffman saw in total institutions: “When an individual co-operatively contributes required activity to an organization and under required conditions [...] he is transformed into a co-operator; he becomes the ‘normal’, ‘programmed’ or built-in member” (Goffman, 1961:188-189).

ance is a clear one: 'you're either with us or against us'. Even if citizens are perceived as entering into this alliance freely and willingly, membership implies a sense of mutual loyalty between the contracting parties. Therefore, citizenship in the prevention state in many ways has become a policy instrument: citizens are implicated as co-operators of political will formation.

The opportunities to deviate from the established social norm have been reduced: voluntary compliance is backed by the prevention state's intervention repertoire. As such, the prevention state not only intervenes as a response to deviancy, but also prevents deviancy by proactively 'raising the price' of deviant behaviour. The metaphor of the Panopticon⁶⁰² is applicable here: since everybody's behaviour is monitored, the only way to escape sanctions and intervention is to behave according to the politically defined norms.

4.4. The moderation of prevention

The discussion of the silent usurpation of the state-free domain and the politicisation of behaviour reveals several objections against the prevention state. These include:

- Increased possibilities for an arbitrary exertion of state power: when 'possibility' instead of 'certainty' becomes the basis for the exertion of state power, this creates a justification for interventions based on subjective assessments and geared towards specific target groups which constitute an increased risk;
- The disciplinary effect of transformations in our understanding of responsibility and citizenship: the governance techniques used by the state to 'nudge' (Thaler & Sunstein, 2008) citizen behaviour are prompted by an imperative of prudence and by an ambition to work upon "[...] the ways in

⁶⁰² Placing people under surveillance in a Panopticon is a subtle form of control. The Panopticon is a blueprint for modern prison, developed by utilitarianist Jeremy Bentham and used by Foucault (e.g. 1975) as an example of 'governmentality'. The circular prison layout of the Panopticon consists of individual cells, all internally facing towards the centre of the building where an observation post is located. Instead of the idea of a dungeon where prisoners were kept group-wise and in the dark, the design of the Panopticon is based on the idea of the transparent and illuminated cell, which makes it possible to observe each separate prisoner in all his actions.

A crucial detail in the design of the Panopticon is that while the prisoners are completely visible from the central observatory, the prisoners themselves are not able to see whether the observatory is manned or not. The mere *possibility* of being observed has an important disciplining effect. This makes the idea of the Panopticon a crucial metaphor for Foucault: power can be exercised in a very subtle way through a rational and technological design of surveillance. As a metaphor, the logic of the Pantopicon is visible in present-day practices such as the keeping of files and dossiers of risk citizens, and in police activities such as CCTV-surveillance.

which individuals regulate their own behaviour to ensure this is consonant with the interests of the state” (Pierson, 2004:75);

- Tampering with the presumption of innocence: preventive interventions and administrative authorities such as administrative confinement, stop and search, home bans, restraining orders and forms of proactive policing require no prior infringement of the law; sufficient justification is found in a presumption of future criminal behaviour;
- Undermining parental authority: the preventive focus on children and adolescents implies an increased role of the state in upbringing and education, and thereby directly or indirectly influences parental authority;
- The invasion of privacy (e.g. Rathenau Instituut, 1998, 2007; Koops & Vedder, 2001; Bennett & Raab, 2003; Solove, 2007): the panoptic capacity necessary for the identification of risks and risk citizens leads to increased state efforts in the monitoring and screening of society in general and of individual citizens in particular;
- The instrumentalisation of the law (e.g. Zouridis, 2008): the teleological nature of preventive policies tends towards an instrumental use of regulation instead of law as a safeguard against arbitrary or disproportionate exertion of state power.

However, prevention is also a response to the rise of a specific type of problem in contemporary Western European societies. Before, say, the 1970s, there was no epidemic of lifestyle diseases. There was no economy dominated by non-physical labour. There was no individualisation. The erosion of the traditional modes of living together and accompanying decrease of social control had not yet got under way. There was no mass petty crime.⁶⁰³ There was no globalisation or mass immigration. And there was no multicultural society. To a large extent, a response by the state to these *Forderungen des Tages*⁶⁰⁴ is justified. The prevention state

⁶⁰³ However, the rise of crime levels cannot be solely attributed to a rise in actual crime. For the Dutch case, Van den Brink (2006:20) mentions contributive effects of increased police efforts, improved registration of crime, an increased willingness of citizens to report crimes, increased media attention for crime and insecurity, and stricter norms with regard to the quality of the public domain.

⁶⁰⁴ The term is derived from Thomas Mann's novel *Der Zauberberg* (1924). Hans Castorp, the novel's main protagonist, spends seven years in seclusion in a Swiss sanatorium elevated high above the flat-lands of his birth – despite only vague signs of disease – and fills his days with the dialectic discussions between two of his fellow patients: the humanist Ludovico Settembrini and the nihilist Leo Naphta. The panorama of ideas displayed for him on the magic mountain captivates Castorp. His endless search for truth and his desperate hope for the love of Clawdia Chauchat (another fellow patient) distract him from his societal responsibilities for which he was educated.

might be the answer to risks, which cannot be fully left to citizens to deal with themselves and that cannot be dealt with by insurance and compensation, just as the welfare state was the answer to the social problems left untouched by the constitutional state. To criticise the rise of the prevention state without to some extent taking into account the transformations in the societal 'risk portfolio' would discredit several valid concerns about contemporary social order.

At the same time, the aforementioned points of criticism are also warranted. Prevention may be an understandable reaction to the questions of this time and to the complexities of contemporary society,⁶⁰⁵ but it is also a product of a specific perspective on social reality. Garland suggests that what has changed most "is not the risks we face but the perceptions and sensibilities we bring to bear upon them" (in Ericson & Doyle, 2003:76). This specific way of looking tends to push other important perspectives on the role of the state in contemporary society aside, such as the constitutional and liberal state's values of limited government, of a separation between the private and public spheres of life, and of a certain '*Nichtbeachtung*' in the face of threats to social order. Moreover, these values are not only grounded in normative principles on individual freedom (e.g. Berlin, 2007), but may also contribute to peaceful co-existence: "Lack of interest, ignoring each other, is often a successful way of dealing with plurality" (Van Gunsteren, 1998:123).

Given these objections against the prevention state and given the immanent expansive logic of prevention, an *active moderation of prevention* would appear necessary to protect the core values of the liberal constitutional state. This active moderation does not aim to abolish the prevention state or deny the valuable

Nothing seems to break the time-consuming spell Castorp is under: not the death of his cousin Joachim, not his own near-death in a blizzard, not the futility of his love for Clawdia, not the arrival of Clawdia's lover Peeperkorn, not the practical wisdom of Peeperkorn who reminds him of the importance to face the '*Forderungen des Tages*'. As the flat-lands call for action, Hans Castorp ponders on the freedom of philosophy and on the freedom not to take a position in the intellectual struggle between Settembrini and Naphta. Thus, he spends his time on the magic mountain, where time floats by unhindered by practical concerns. In the end, only the outbreak of the First World War can force him back to the flat-lands – an event which struck Castorp as a bolt from the blue. In a flash, his quest for truth and love (or beauty) is rendered useless as he slowly disappears from the reader's sight under a shower of bullets.

⁶⁰⁵ However, the 'complexity thesis' has always been an argument for an increase of state interventions – in both democratic and totalitarian rule. Consider, for instance, the similarities between the following two quotes. The first quote comes from the 1996 Dutch policy memorandum *Law Enforcement and Security*: "The more complex a society, the more complicated the system of norms and the more elaborate the rules to organise society" (LES, 1996:6). The second quote comes from Benito Mussolini: "[...] the more complicated the forms of civilisation, the more restricted the freedom of the individual must become" (Mussolini, cited by Hayek, 1976:32).

contribution of prevention to the government of contemporary society. However, it does aim to emphasise and introduce several mechanisms by which the prevention state can be limited. In the following, three suggestions for an active moderation of prevention are discussed.

A first suggestion for the moderation of prevention is making explicit *political reasons to avoid accountability and responsibility for prevention*. Politics can be a catalyst for prevention, as in the case of a strong public demand to take preventive measures against terrorist attacks, or the case that politicians seize the opportunity to plead the necessity of strong government action before the eye of the camera (e.g. Elchardus, 2002; Lloyd, 2004). However, politicians also tend to avoid responsibility for things outside their control and downplay system accidents for which they are held accountable as being minor incidents in an otherwise properly functioning system or policy (Perrow, 1984). This political self-interest can also be applied to prevention – which usually implies the possibility of attributing blame in the case that a risk does occur (Douglas, 1992).

Consider, for instance, the case of involuntary psychiatric treatment⁶⁰⁶ in Dutch criminal law. Its objective is to treat delinquents with a psychiatric disorder to prevent recidivism. This treatment is to some extent also a promise of cure, which can backfire in the case that an ex-convict commits a crime years after the end of his treatment and release from the institution. A similar question may be posed in the light of increased monitoring practices to early detect cases of, for instance, child abuse: to what extent do these imply a promise of prevention, and thereby political responsibility for failed prevention?

A second suggestion for the moderation of prevention is the protection and, if necessary, introduction of *institutional checks and balances*. These include, most importantly, elements of the constitutional state such as the rule of law, the separation of powers, and the legal safeguards of citizens against state interventions; more specific examples are increased legal safeguards against surveillance and monitoring, the right of individuals to gain access to data collected by the state on their person, and the freedom to make unhealthy choices or otherwise to behave ‘irresponsibly’ without state repercussions. This strategy to moderate prevention follows Zouridis (2008), who argues that every expansion of the state’s intervention repertoire should be compensated and mitigated by a legal or institutional ‘counterpoint’.

⁶⁰⁶ In Dutch: TBS (‘Ter Beschikkingstelling’). A criminal can receive such a treatment order under the conditions that the crime committed is related to a psychiatric disorder, that there is a high chance of recidivism, and that the convict cannot or only partially be held responsible for his actions. See http://en.wikipedia.org/wiki/Involuntary_commitment#Netherlands; consulted d.d. 14-9-2011.

Other, non-legal checks and balances are critical governmental advisory boards, a moderate and non-politicised civil service, and an active public sphere, which functions independently of the state and not as part of the aforementioned alliance between state and society. Since the preventive gaze has an expansive logic, other, more or less autonomous forces that are not easily susceptible to political willpower or public demands for collective action may prove effective in the moderation of prevention.

A third suggestion is to *arrange policies in such a way that they are limited in advance by arguments outside the logic of prevention*. This may take the form of setting a priori limitations on the target group of preventive interventions. A group of the most active habitual offenders in a municipality might be selected, for whom personalised interventions could be developed to prevent recidivism. The fixed number provides an opportunity to limit the available capacity of public authorities involved.⁶⁰⁷ Even if there are more potential offenders in the city and even if the assessment of one these offenders should reveal yet another at-risk family member, the preventive temptation may be counteracted by reference to the a priori limitations in the policy design.

Another means to moderate prevention through policy design concerns the reaction to incidents. As discussed in the introductory chapter, crimes or accidents which shock the public opinion often lead to what has been termed a ‘prevention reflex’ in the introductory chapter and the ‘risk regulation reflex’ elsewhere (WRR, 2011): proposing state interventions immediately to prevent a similar crime or accident from happening again. Instead of rushing to pass new legislation or to take policy measures, politicians might react differently: by expressing their disgust while simultaneously gaining time by promising a thorough investigation and a well-considered proposal for measures within a few weeks.

4.5. The essential imperfection of the prevention state

Next to the active moderation of prevention, some comfort may also be derived from *the essential imperfection of the prevention state*. Every society is to some extent characterised by what Ankersmit calls “an element of insurmountable inertia” (1997:101; my translation, RP), or “[...] the acceptance of a domain in the political-social reality which will forever remain out of the grasp of even our collective will” (1997:100; my translation, RP). A society is, to a large extent, an essentially spontaneous development, rather than planned order. In the words of Adam

⁶⁰⁷ This strategy might also improve the general effectiveness of prevention. There is always a limited capacity for state intervention. Instead of spreading out this capacity over an ever widening target population, it might be more effective to concentrate the efforts on the worst cases.

Ferguson, the development of society is “[...] the result of human action, but not the execution of any human design” (1768:187).

This element of ‘insurmountable inertia’ has several aspects. First of all, the prevention state faces the impossibility of full foresight (cf. Van der Steen, 2009). There is always the possibility of the unimaginable occurring – both in terms of unexpected and unexplainable events and developments. Second, there are ‘natural’ boundaries to the capacity to control human behaviour. Even in the most densely regulated, fully controlled and strictly disciplined environments (such as prisons), people find voids in the system to use for their private purposes, find places they can retreat to in some sort of privacy, and find comfort in the realisation that their own thoughts are beyond full control of external influences (Goffman, 1961). And third, there is no such thing as a perfect system of prevention. Flaws are inherent to any complex system. Human failures cannot be ruled out, coordination between the various elements of the system is not self-evident, and the adequate tackling of every exceptional situation is highly unlikely (cf. Perrow, 1984; Wildavsky, 1988; Frissen, 1999:263-267).

And finally, the imperfection of the prevention state follows from the impossibility of full risk avoidance. Without any selection of specific risks as objects of intervention, the preventive gaze would, logically speaking, prevent us from undertaking any action whatsoever (cf. Sunstein, 2006:14). José Saramago sums up this ‘comforting thought’ perfectly in his novel *Blindness*: “[...] if, before every action, we were to begin by weighing up the consequences, thinking about them in earnest, first the immediate consequences, then the probable, then the possible, then the imaginable, we should never move beyond the point where our first thought brought us to a halt” (Saramago, 2005:78).

Without the acceptance of any form of risk, the only ‘behavioural’ option left would be *inertia*. If we do decide to act, we necessarily accept risk. And if we decide to live together, we necessarily accept risks produced by others. This acceptance may frustrate or frighten us, but is in the end the only reasonable option for life in a free society. Prevention may come across as a promising therapeutic reaction to these frustrations and fears. It is the late-modern equivalent of the rain dance: its function is collective sensemaking, not the actual promised result. However, prevention will also hold a society hostage in a pattern of an ever-returning desire for its temporarily calming effect. If a society is obsessed with the future, it will never find peace of mind in the here and now.

But regardless of how widespread prevention has become, society is always characterised by multiple and often contradictory perspectives and sets of values. Besides risk aversion, there are also inclinations towards risk taking (such as in

financial investments, stock markets, extreme sports and gambling), trial and error (such as in parenting), acceptance of 'bad luck' (such as in gambling), resilience in the face of risks (cf. Wildavsky, 1988), and a 'refusal to be terrorised' (Schneier, 2006). There are strong indications that politics has a more unambiguous outlook than society (e.g. Boutellier, 2002), tends not to question its own role in the response to societal problems (e.g. Terpstra, 1997:175-178) and serves as a strong trigger for 'greedy governance' (Trommel, 2009). In the contemporary media-political landscape, fatalism does not seem to be a politically attractive option (Van Eeten, 2010).

Seen through the preventive gaze, 'something must be done' in the face of risks. This study was an effort to step outside this frame of prevention and reflect on its consequences for contemporary political reality. The arguments put forth here will hopefully be a modest contribution to a richer political and public debate on the values at stake in contemporary western societies.

SUMMARY

The Preventive Gaze

How Prevention Transforms Our Understanding of the State

Prevention is better than cure. This adage has become an important guideline for government in recent years. Prevention of terrorist attacks, of recidivism among habitual offenders, of dropouts among problem adolescents, or of obesity among children: the existing repertoires of the constitutional state and the welfare state are complemented by a preventive intervention repertoire in a broad range of policy domains. But what does this transformation imply for our understanding of the state in late-modern society?

This study reconstructs the emergence of 'the preventive gaze' in politics and policymaking and discusses its consequences for the relation between state and society. Prevention seems to be a logical answer in the face of contemporary social issues such as security, education, welfare and public health. However, prevention also has an expansive logic and pushes the state towards an ever more detailed, comprehensive and timely approach to risks. As a consequence, the emergence of the 'prevention state' tends towards a slow and silent politicisation of society and usurpation of the state-free domain.

1. Introduction

How you look at the world determines what you see. This is the simple assumption underlying this study, which places the prevention perspective in politics and policymaking central. Seen through a preventive gaze, the world becomes a place filled with avoidable harms instead of, for instance, neutral phenomena or unavoidable harms. Furthermore, how you look at the world often also determines how you act.⁶⁰⁸ The prevention perspective is not just a way of looking at the world, it also implies a desired course of action: risks are perceived as avoidable by human intervention.

A potentially endless range of phenomena may be seen through this perspective. Caught in the preventive gaze, a public bench is no longer simply a recreational facility, but a place with an increased risk of public annoyance or even criminal behaviour by adolescents. Moreover, the idea that this risk can be

⁶⁰⁸ E.g. Foucault, 1963; Goffman, 1974; Edelman, 1977; Schön & Rein, 1994; Scott, 1998.

avoided transforms the criteria for the design of the public space. Caught in the preventive gaze, childhood is no longer a carefree period but is instead surrounded by dangers that threaten a thriving development of the child in terms of health and behaviour. Measures are required to avert these dangers. And caught in the preventive gaze, critical infrastructures are not just understood as instrumental to mobility, but also places prone to terrorist attacks. Again, the course of action following from this perspective is taking measures with the intention to avoid those attacks.

In our daily lives, we constantly take preventive measures. We take an umbrella if rain is expected, we lock our bicycles to prevent theft and we avoid dark allies at night because we fear being mugged. In addition, public authorities also take preventive measures. We see, for instance, how incidents may evoke prevention: a failed terrorist attack sparks increased security checks at airports, a child murder serves as the trigger for implementing at-risk files for the early detection of children in danger, a deadly shooting leads government to impose stricter gun laws, and a child abuse case is the motive for a thorough screening of day nursery staff.

This study starts from the assumption that Western European states are increasingly taking preventive measures as a governing strategy and that this development has far-reaching consequences for the role these states play in societies. Prevention is not only a common reaction to incidents, but is a broader pattern in politics and policymaking. This pattern is rooted in a societal context in which prevention has become the normal way of dealing with risks. This explorative study aims to identify and understand the impact of an increased dominance of the preventive gaze on our understanding of the contemporary Western European state.

2. The transformative force of prevention

Prevention is not the only possible way of dealing with risks. Acceptance of fate or a strategy of trial and error are well-known alternatives. However, prevention fits the modern age, which has a dominant orientation towards the future and has a strong belief in the abilities of man to control nature and his living environment. The prevention perspective transforms 'fate' into a matter of 'avoidable loss'. Prevention is the intentional aversion of an undesirable development of a phenomenon. Prevention has the future – or rather: a possible negative future – as its object of intervention. A not yet existing reality justifies acting in the present. More specifically, not the criminal but the potential criminal, not the patient but the

potential patient, and not the accident but the potential accident are the focal points of the preventive gaze.

Three forms of prevention can be distinguished. Primary prevention aims for the full aversion of risks. The design of the built environment to reduce the opportunities for criminal behaviour is an example here. Secondary prevention is the detection of risks in an early phase, followed by interventions to prevent their further development. One example is the early detection of at-risk adolescents, who are likely to develop a criminal lifestyle if no intervention takes place. And tertiary prevention aims to avert a further worsening or continuation of an already undesirable situation. An example here is the development of detention programmes to prevent recidivism by criminals.

Prevention is based on a causal scheme, which constructs a relation between a possible future and factors in the present, which might contribute to this future. Prevention implies a responsibility to act in the present in order to avert a certain scenario. If this undesirable and deemed avertable future does occur, a certain form of guilt or accountability can be attributed to those charged with its prevention.

Important in this respect is that certainty of a future development is not required for a prevention responsibility. Prevention rests on chance and possibility, not on undisputable facts. Moreover, a certain level of subjectivity with regard to the selection and assessment of risks is inherent to prevention. A big risk of minor harm and a small risk of major harm might be assessed differently. Moreover, certain risks might be taken for granted (such as the risks involved in entrepreneurship, in sports and in gambling), whereas we go to great lengths to prevent others (such as the risks of crime, illness and accidents). There is no such thing as a risk 'as such' – the selection and assessment of risks is always a matter of interpretation.

Moreover, there is no natural limitation to prevention. On a conceptual level, prevention is boundless, since virtually every phenomenon and every form of human behaviour might involve or produce some kind of risk. Prevention is also immune to evaluation since there is no way of establishing whether enough has been done to prevent a risk. Moreover, how do you assess the relation between preventive measures and the accident which has not occurred? And another conceptual characteristic of prevention is its self-reinforcing logic. The immanent trigger is to intervene as early as possible, to identify and isolate risks as precisely as possible, and to subject as many risks as possible to prevention. These conceptual characteristics underline the relevance of studying the impact of the preventive gaze on the role of contemporary Western European states. If politics and policymaking are increasingly influenced by the prevention perspective, not

only will this alter the objects of state intervention, but it will also alter the range and depth of intervention.

The objective of this study is to contribute to our understanding of the state as a societal phenomenon. It is assumed that the contemporary image of the state is no longer understandable without taking into account the ways in which politics, policymaking and professional behaviour are infused with the preventive gaze. Existing conceptualisations of the state, such as the constitutional state, welfare state or regulatory state are insufficient to grasp the ways in which state power is exerted. Hence, this study relates to several academic debates: it contributes to understanding how late-modern societies deal with risks,⁶⁰⁹ how prevention transforms the nature of specific policy domains (such as crime policy, youth policy and public health policy),⁶¹⁰ and how the role of the state is gradually transforming.⁶¹¹

A second objective of this study is to contribute to a public debate on the relation between state, society and citizen. An increased dominance of the preventive gaze in politics and policymaking may have substantial consequences for the way society is being governed. What does it mean when the state not only responds to crime through the administration of justice, but also intervenes before a crime has occurred in the lives of potential criminals such as at-risk adolescents? When the state does not wait for problems to occur, but monitors society and proactively reaches out to detect risk factors for possible future problems? And when the state not only offers health care and health protection in the face of illness, but also aims to incentivise citizens to make healthier lifestyle choices? The point is not that prevention is something inherently bad, but that the preventive gaze might drive out core values of liberal societies, such as lawfulness, privacy and individual autonomy.

3. Research strategy

The preventive gaze transforms the way government perceives societal phenomena and the way it subsequently deals with them. In other words, both the state's

⁶⁰⁹ E.g. Douglas & Wildavsky, 1982; Beck, 1986; Beck c.s., 1994; Bernstein, 1996; Bauman, 2000; Douglas, 2002; Ericson & Doyle, 2003; De Mul, 2006; Schinkel, 2007; Giddens, 2009.

⁶¹⁰ E.g. Boutellier, 2002; Garland, 2006; Keller, 2008; Mackenbach & Van der Maas, 2008; Van Dijk c.s., 2009.

⁶¹¹ E.g. Weber, 1922; Foucault, 1975, 1997, 2004; Majone, 1994; Frissen, 1996, 2007; Rhodes, 1996; Finer, 1997; Power, 1997; Giddens, 1998; Braithwaite, 2000; Ewald, in Baker & Simon, 2002; Kjær, 2004; Pierson, 2004; Pierre, 2006; Pieterman, 2008; Trommel, 2009; Zouridis, 2009.

definition power and intervention power are subject to change. The idea of the 'state' itself refers to institutions and organisations which, taken together, exercise sovereign rule over a certain geographical territory and its population.⁶¹² How this sovereign power is exercised is a matter of government and politics.⁶¹³ In this study, transformations in the exercise of sovereign rule are analysed through two case studies within the Western European context.

This study focuses on social risks, leaving aside preventive measures with regard to natural or technological risks, such as floods, climate change, accidents and nuclear disasters. Social risks deal with the negative social effects of human interaction and behaviour, such as crime, terrorism, child abuse, addiction and unhealthy lifestyle. These risks are a product of human behaviour. Government intervention in these risks can be found in policy domains such as youth policy, crime policy, welfare policy, education policy and public health policy.

In order to trace the impact of an increased dominance of the preventive gaze on the image of the state, two policy domains were selected: one which is commonly associated with repressive-punitive interventions (crime policy) and one which is commonly associated with care and welfare (public health policy). In both domains, the preventive gaze is presumed to have a substantial impact on both the level of problem definitions and the level of specific policy proposals. Both cases were studied in the Dutch context, which is taken as exemplary for developments across Western Europe. Conclusions were drawn after comparing the findings for both cases. This study intends to be explorative: its main objective is to make a diagnosis of the contemporary state.

Developments in crime policy and public health policy were reconstructed from the 1980's onward – the moment at which preventive reasoning caused a significant change in both domains. A broad selection of policy memoranda, complemented by Queen's speeches, government declarations of policy and coalition agreements, forms the empirical basis for the policy genealogy. The state's definition power, understood as the capability to determine the range of its own role and responsibility and the range of politically relevant societal phenomena, is expressed in these documents in problem definitions, policy objectives and conceptions of state responsibility. The state's intervention power, understood as the capability to determine the nature of state interventions and the depth of the exertion of state power into society, is expressed in proposals for the organisational structure of interventions, the selection of objects of intervention and the choice for specific policy techniques and instruments. Furthermore, three local policy

⁶¹² E.g. Machiavelli, 1513; Bodin, 1576; Hobbes, 1651; Jellinek, 1900; Weber, 1922; Schmitt, 1934; Poggi, 1978, 1990; Pierson, 2004; Loughlin, 2006.

⁶¹³ E.g. Burchell c.s., 1991; Finer, 1997; Foucault, 1998, 2007; Hunt, 2009; Steinberger, 2009.

practices were studied to support the findings in the policy genealogy. These practices offer insight in the way the preventive gaze can structure actual policy implementation and professional judgement.

4. An outline of the prevention state

4.1. Beyond the models of the constitutional and the welfare state

In the mid-1980's, a significant transformation took place in Dutch crime and public health policy. According to government, the classic mechanisms of the constitutional and welfare state had become insufficient in the approach to crime and illness as a result of certain structural societal developments. The number of registered crimes increased tenfold in the years between 1965 and 1980. Government concluded that further investments in the capacity of police and justice administration would not lead to the desired reduction of crime levels. An increase in material welfare (and therefore in the circulation of goods) and a decline of societal ties were given as the main causes for the increase in crime and the subsequent structural overburdening of police and judiciary. In response to societal concerns about the level of especially petty crimes and to concerns about the credibility of the state as law enforcer, government introduced a new strategy next to the existing repertoire of prosecution, adjudication and punishment: administrative prevention.

In the public health domain, the increase in non-communicable or welfare diseases such as cardiovascular diseases, diabetes and several forms of cancer, urged government to reconsider its existing emphasis on the medical-curative approach to improve the level of public health. Further investments in the health care system were perceived as ineffective in the face of degenerative and chronic illnesses. For reasons of labour productivity and solidarity, government proposed the introduction of a new form of disease prevention. Since the late 19th century, public authorities have developed preventive strategies in the form of protection against exogenous health threats (such as sewerage, food hygiene and water purification). Now, government proposed the prevention of endogenous health threats. Contrary to exogenous factors, endogenous factors are perceived as within the control of individual citizens, as a result of which government focus was transferred to influencing citizen behaviour and lifestyle choices.

The two selected policy domains refer to two classic images of the state, which are still constitutive for our contemporary understanding of the state. The state's responsibility for fighting crime fits within the image of the constitutional state, in which interventions are only justified if they can be traced back to a general legal

task or competence.⁶¹⁴ And the state's responsibility for the promotion of public health fits within the image of the welfare state, which introduces compensation mechanisms for the arbitrary distribution of risks and life chances over the population, for instance with regard to unemployment, illness, poor housing or lack of education.⁶¹⁵

Both the constitutional and the welfare state are not principally characterised by a preventive objective or a preventive intervention repertoire. The constitutional state incorporates the very reason for the existence of states and their original task – namely, upholding the societal order – within a system of legal and constitutional safeguards against tyranny and arbitrariness. Within the framework of the constitutional state, the Leviathan expresses itself through a legally defined reaction mechanism to breaches of law – commonly known as law enforcement and administration of justice. The welfare state can be understood as a compensation mechanism for fate, either by creating provisions in case of illness and unemployment, or by creating equal opportunities regardless of descent, gender, religion or socio-economic position. The welfare state does not aim to prevent fate, but instead aims to mitigate its effects or give citizens the means to escape its most cruel expressions.

However, the social phenomena which are acted upon by the constitutional and welfare state can also be approached from a preventive perspective. This, though, creates a fundamentally different image of the state. For instance, the state assumes an interest in identifying at-risk adolescents, in developing programmes to prevent recidivism among delinquents, in designing the opportunity structure, and in using surveillance in the public domain to deter potential criminals next to – or rather: preceding – the existing judicial reaction to crime. And the state also aims to influence unhealthy nutritional habits, increase physical exercise among citizens and detect early signs of illness next to the medical-curative reaction to illness. The classic models of the constitutional and welfare state remain, but they are complemented by a preventive repertoire and, as a result, reduced to a last resort in case prevention proves impossible or ineffective.

4.2. Definition power: the politicisation of behaviour

Contrary to the judicial paradigm in crime policy and the medical paradigm in public health policy, prevention implies a societal orientation on the causes of crime and illness. As a consequence, active interventions in social processes are characteristic for preventive policies, whereas the health care system and judicial

⁶¹⁴ E.g. Dicey, 1885; Jellinek, 1900; Weber, 1922; Poggi, 1978; Zouridis, 2009.

⁶¹⁵ E.g. Beveridge, 1944; Myrdal, 1960; Bruce, 1968; Donzelot, in Burcell c.s., 1991; Foucault, 2007.

apparatus are organised outside these social processes. Moreover, preventive policies do not emphasise the execution of a task according to medical or judicial criteria, but instead the problem-oriented or teleological design of interventions. Important in this problem-orientation are two conceptual transformations in crime policy and public health policy. In the former domain, the paradigm shift from 'crime' to 'security' during the 1990's considerably expanded the scope of government interest. Contrary to the legally defined notion of crime, security came to involve a broad and subjective interpretation of the quality of the public domain, including degradation of the living environment, annoyance and feelings of insecurity. And in public health policy, the paradigm shift from 'illness' to 'health' in the 1980's brought about a similar broadening of scope: next to the medically defined notion of illness, a broader concern for the physical and mental wellbeing of citizens became the guideline for policymaking.

The notions of 'security' and 'health' share a conceptual affinity with prevention. In the first place, both notions imply an absence of undesirable phenomena (respectively crime and illness), and in the second place, they are directed at preventing avoidable loss of a certain subjectively experienced quality of life. As a consequence, the scope of preventive policies is broadened: attention shifts from mere crime prevention to prevention of infractions on public order, and from mere illness prevention to prevention of avoidable health loss.

The teleological nature of prevention expresses itself in an orientation on risks as the objects of intervention. Prevention rests on a theory, causal scheme or scenario between an undesirable possible future and its possible causes in the present. Commonly used means for the assessment of possible future harm are statistical extrapolation (such as the identification of risk groups for criminal behaviour or the development of welfare diseases), screening and monitoring of individual citizens (such as the early detection of cancer, obesity and behavioural problems) and professional judgements of individual cases (such as the decision to intervene in a risk family or to grant a habitual offender probation).

More specifically, prevention in crime policy is directed at four types of risk: risk citizens, who might show criminal behaviour in the future (for instance problem adolescents, truants, causers of public annoyance, drug addicts and habitual offenders), risky places, that have a higher chance of crime (for instance, train stations or problem neighbourhoods), risky times (for instance, nights out or festivals) and risk factors, which might induce crime (for instance weapons, drugs and alcohol). And, more specifically for prevention in public health policy, the objects of intervention are endogenous determinants of health (next to the existing preventive approach towards exogenous health threats), such as nutrition habits, tobacco and alcohol use and physical exercise. The identification of these risks forms the necessary condition and justification for subsequent interventions

in social processes or citizen behaviour. Not the outcome of certain citizen behaviour, such as illness or crime, but the behaviour itself or the contexts in which this takes place become the object of problematisation and intervention.

Underlying this politicisation of behaviour is an image of the good citizen. The construction of the 'decent citizen' in crime policy takes place through interventions such as surveillance in the public domain (to deter deviant behaviour), re-designing the opportunity structure, supporting parents of problem adolescents, preventing early school leaving, gathering and sharing information among relevant organisations on at-risk children in electronic files, expanding the formal competences of mayors (such as preventive frisking and administrative confinement) and developing reintegration programmes for habitual offenders.

And the construction of the 'healthy citizen' in public health policy is pursued through social marketing of a healthy lifestyle (i.e. transfer of health norms), creating low-threshold sport facilities in the neighbourhood, introducing smoking bans in several public places, health education at schools, early detection of overweight, allowing insurance companies to offer financial incentives for customers who invest in a healthy lifestyle, and developing personal support programmes for obese children.

On a more general level, this repertoire of interventions implies a shift in the division of responsibilities between state and society. The justification for state intervention has moved from a breach of law or an individual demand for care to the construction of an undesirable future and the belief this can be averted through state action. The basis for state intervention has shifted from fact to possibility and, as a consequence, the responsibility of the state has expanded to include citizen behaviour which might lead to problems in the future. In terms of concrete interventions, the state aims to influence the choices citizens make or the social and physical contexts in which these choices are made. Hence, the responsibility of the state becomes intertwined with the responsibility of citizens. On the one hand, citizens are expected to make a behavioural change of their own accord. On the other hand, the state incentivises citizens to make the desired choices.

This 'game' of intertwined responsibilities is structured along the line of transformations in our understanding of the notions 'responsibility' and 'solidarity'. Within the model of the constitutional state, 'responsibility' was understood as holding individuals accountable for the consequences of their own actions. However, within the model of the prevention state, the presumed ability of individuals to assess the consequences of their actions beforehand is appealed to. And within the model of the welfare state, taxpayers are asked to demonstrate 'solidarity' with the victims of illness, unemployment or any other form of fate. However, the model of the prevention state demands solidarity from citizens who bur-

den the welfare state provisions as a result of avoidable behaviour. The transformations from ex post to ex ante responsibility and from solidarity with the victim to solidarity with society form the justification for a specific type of state intervention: the presumption that citizens are in principle able to act responsibly and solidarily legitimises interventions towards citizens who are either unable or unwilling to adapt their behaviour.

4.3. Intervention power: the expansive logic of prevention

The repertoire of interventions, which follows from the prevention perspective in crime and public health policy, is directed at incentivising citizens – to steer, influence, nudge, facilitate and manage responsibility and solidarity. The development of this repertoire is guided by three organising principles. The first of these is the principle of proximity, or the organisation of interventions as close as possible to the source of risks. Generally, prevention tends to be organised in citizens' direct living environment (such as through neighbourhood-level parenting support centres), in their social contexts (by designing opportunity structures or activating societal organisations) and in personalised programmes (such as outreaching work towards 'care avoiders' and reintegration programmes for offenders).

The second organising principle of prevention is the principle of coordination. It is generally assumed that one single measure is hardly ever effective enough to prevent undesirable behaviour. Instead, a web of coordinated incentives and disincentives is spun around the lifeworld of citizens. A good example is the tobacco policy, in which incentives such as education, courses to quit smoking and 'social marketing' are used next to disincentives such as raising excises, banning advertisements, introducing age limits for the sale of tobacco products and introducing smoking bans in several public places. Furthermore, the principle of coordination is expressed in new forms of cooperation between formally separated organisations. For instance, personalised interventions in crime prevention require the efforts of the police, youth work, public prosecutor, housing corporation, youth care, welfare work, custodial institution, municipality and the probation office. Seen from the prevention perspective, organisational divides that are logical from a disciplinary, constitutional or bureaucratic perspective are often experienced as a barrier.

The third organising principle is the principle of timeliness. Early detection and subsequent early intervention reflect the adage that prevention is most effective when interventions take place as soon as possible. Early detection implies an anticipatory ability, which is constructed in practices of surveillance in the public domain, population screening and monitoring of risk citizens, but also in new professional roles: police officers no longer merely prosecute summary offenses or investigate crimes, but also signal risk factors and draw up 'concern

reports'; and welfare workers no longer merely act on an individual demand for care, but also develop outreach methods to act on presumptions of welfare or health problems.

Taken together, these three principles constitute an expansive logic. According to the principle of proximity, prevention increases in effectiveness as interventions are organised closer to the source of risks. According to the principle of coordination, prevention increases in effectiveness as interventions cover a broader range of risks. And according to the principle of timeliness, prevention increases in effectiveness as interventions are organised earlier in the development of a risk. In other words: prevention tends towards a detailed, all-embracing and swift approach to risks. The immanent logic of prevention is a logic of expansion.

The preventive gaze also transforms the selection of objects of state intervention. In crime policy, it is no longer the delinquent but the entire population that is the object of intervention. Even though not everybody is affected in the same way or to the same extent by preventive measures and even though not every citizen is identified as a risk citizen, the basic premise underlying crime prevention is that every citizen is a potential victim or delinquent. Likewise, in public health policy, instead of the ill, the healthy part of the population becomes the object of intervention. Here, too, every citizen is understood to be potentially susceptible to endogenous health threats. Contrary to the classic judicial or medical reaction to crime and illness, prevention does not imply an a priori exclusion of possible objects of intervention. However, prevention does have a 'favourite' target group: children and adolescents are of special interest, since the basis for undesirable behaviour is often laid in childhood, but also because they are more susceptible to behavioural incentives than adults.

In terms of instrumentation, prevention has many faces. Managing responsibility and solidarity requires a set of behavioural incentives and disincentives, either as a form of persuasion and support or as a form of discouragement or obstacle. Care and discipline often go hand in hand in preventive practices. Prevention is both 'hard' and 'soft' and is not characterised by the uniformity of judicial punishment or medical care. Moreover, prevention is often both 'hard' and 'soft' within the same policy domain: crime prevention is as much a matter of surveillance and discipline as it is of youth care and parenting support; and disease prevention is not merely pursued through education and family support, but also through regulation and financial disincentives. In more general terms, the preventive repertoire is characterised by the following six types of interventions:

1. Administrative regulation: judicial instruments may be used to regulate the sale and use of potentially harmful products such as alcohol and to-

bacco, or to expand the formal competences of mayors to prevent infringements on the public order before actual crimes are committed.

2. Financial incentives: financial instruments may be used to promote or discourage certain behaviour, such as raising tobacco and alcohol excises or introducing financial benefits in insurance premiums if clients invest in burglary prevention or early detection of diseases.
3. Transfer of behavioural norms: communicative instruments may, especially in public health policy, not only be used to transfer objective information regarding health risks, but also to transfer behavioural or health norms through 'social marketing' or moral appeals to citizens (and especially parents) to choose a healthy lifestyle. Governments move beyond the image of the rational citizen: the assumption is that citizens often make unhealthy choices, not only because of a lack of information, but especially because of a lack of willpower in the face of the unhealthy temptations in our society.
4. Designing the opportunity structure: government offers facilities to either promote or obstruct certain behaviour, for instance by redesigning the public domain to prevent crime (street lighting and clear sight lines) or by offering a healthy food selection in canteens and by building sport facilities in disadvantaged neighbourhoods.
5. Activating societal partners: prevention is not an autonomous task of government, but is also organised in cooperation with societal organisations, businesses and individual citizens. The objective is to activate citizens' entire social context, for instance by organising joint efforts by police, municipality, housing corporation, private businesses and occupants to prevent burglary, or by closing covenants with food producers, food vendors and sport associations to promote a healthy lifestyle.
6. Surveillance: a necessary precondition for prevention is the identification of risks through surveillance, screening and monitoring. Moreover, surveillance is in itself a subtle form of prevention: people behave differently when they know they might be watched, for instance in the form of police surveillance, CCTV, a 'very irritating police approach' towards notorious causers of annoyance, or the notification of risk factors in personal dossiers.

5. Conclusion and discussion: toward a prevention state?

Preventive practices are not a novelty in the intervention repertoire of Western European states. Several examples dating from the Middle Ages or early modern

times might be mentioned, such as the closing of city gates to prevent night time attacks on the city and its population, or attempts to rehabilitate delinquents in disciplining institutions like the 'Rasphuis' and 'Spinhuis' in 17th century Amsterdam. Also, prevention has been an explicit part of several policy domains, such as the concern for public hygiene in public health policy, from the 19th century onward. Moreover, some restraint is required in generalising the aforementioned empirical findings. Even though there are strong indications that prevention has become a dominant perspective in other Western European states as well,⁶¹⁶ it cannot be ruled out that prevention thrives particularly well in the Dutch context or is expressed in a very specific way there.

That said, this study shows how an increased dominance of the prevention perspective can transform the way a government perceives societal issues and relates to them. The developments in the Dutch context since the 1980's show a fundamental and structural change of the state, which can only be understood as an expression of the prevention perspective. Instead of being confined to certain niches of state intervention, prevention has moved to the very heart of governing late-modern society. Both in terms of definition power and intervention power, the prevention perspective distinguishes itself from the models of the constitutional and welfare state.

The prevention perspective has yielded an image of the state, which is not characterised by reactions to violations of the law (as in the constitutional state) or by compensation for fate (as in the welfare state), but by efforts to avert a negative future scenario. The justification for state intervention does not follow from the attribution of individual guilt (as in the constitutional state) or from the combination of individual victimhood and collective solidarity (as in the welfare state), but from the presumption of future harm in case of non-intervention and the expectation that this undesirable future is avoidable by state intervention. And, more specifically in the social domain (of care and punishment), the prevention perspective has yielded an image of a state, which has as objective to prevent citizens from inflicting avoidable harm on themselves, on others or on society in general. Consequently, the intervention repertoire of the prevention state is dedicated to eliciting desirable behaviour from citizens.

The prevention state is a product of a specific time and place. Even though this study is primarily explorative and not explanatory, several contextual factors can be mentioned, which form the logical conditions for the emergence of this specific image of the state. Based on sociological and political-philosophical literature,

⁶¹⁶ E.g. Garland, 2001; Krasmann, 2007; Huster & Rudolph, 2008; Van Dijk & De Waard, in Crawford, 2009:130; Boutellier, 2011:87.

characteristics of both the late-modern social system – the mechanisms which structure society – and the late-modern belief system – the values which structure the societal and political perspective on social reality – can be termed the ‘social bearers’ of the prevention state.⁶¹⁷

The late-modern social system forms a basis for the prevention perspective, since it increasingly reveals the drawbacks of a quest for progress. Structural societal transformations spark new questions, to which prevention seems a logical answer. If we understand contemporary Western European societies as a progression of the modernisation process, we can construct an evolution from the industrialisation and individualisation of the 18th and 19th century to the current rise of the post-industrial network society. On the one hand, this development has led to an unprecedented increase of wealth and life opportunities. On the other hand, it has also led to a decline of social institutions (such as church) and social control (which is often mentioned as a breeding ground for crime) and to an increase of welfare diseases. In the light of these new challenges to social stability, the state emerges as an institution capable of compensating for a lack of societal self-regulation and self-correction. For this, a reactive state intervention repertoire does not suffice.

The late-modern belief system forms the mirror image of this social system. It is characterised by several dualities. Three of these are of special interest for the emergence and existence of the prevention state. The first duality concerns our attitude towards the future. On the one hand, an orientation on the future is characteristic for a modern outlook on life. On the other hand, this future is often perceived in terms of risks. We have become aware of the fact that our very efforts to control the future – and to reduce dependence on fate, nature or God – produce all sorts of risks and unintended consequences themselves (such as mentioned above in the discussion of the late-modern social system). Moreover, this reflexive attitude towards human intervention seems to spark a higher level of risk sensibilities. The prevention perspective may be understood as a logical response to this ambivalent attitude: it combines a suspicious outlook on the future with a firm belief in the aversion of negative future scenarios by human intervention.

A second duality in the late-modern belief system concerns our attitude towards reason and rationality. The use of reason forms the basis of modernity and of modern governing strategies, which emphasise statistical data, scientific problem analysis and evidence-based interventions, next to political will formation. The prevention perspective fits the modern tradition which makes society

⁶¹⁷ E.g. Foucault, 1975, 1976, 1980; Giddens, 1990, 1991; Beck, 1986; Beck c.s., 1994; Ankersmit, 1996; Castells, 1996; Furedi, 1997; Bernstein, 1998; Frissen, 1999; Bauman, 2000; Rose, 2000; Garland, 2001; De Mul, 2006; Berlin, 2007; Trommel, 2009; Boutellier, 2011.

the object of both 'power' and 'knowledge'.⁶¹⁸ However, this perspective also explicitly moves beyond this tradition by taking possibilities instead of undisputed facts as a justified basis for intervention. Risk selection and risk assessment are both rational and subjective.

A third duality in the belief system concerns the appreciation of individual freedom and autonomy as the basis for the structuration of state and society. This appreciation can be understood as an extension of the centrality of human reason: man is believed to be free if he bears the responsibility for his own choices and actions. This coincides with the image of the classic constitutional state: the state refrains from intervention, but attributes individual guilt in case of legal violation. We can see a transformation of this understanding of individual freedom in the prevention state: individual responsibility is not understood as a form of *ex post* (judicial) accountability, but as the capability of citizens to *ex ante* assess the possible consequences of their actions. The intervention repertoire of the prevention state in the social domain is organised around this duality: it calls upon individual autonomy, but simultaneously incentivises citizens in order to elicit 'voluntary obedience'.

In this sense, the prevention state fits a society which emphasises freedom in its conceptions of justice, but also in a tradition of government which understands freedom as a justification for and object of intervention.⁶¹⁹ In this tradition, freedom is not the opposite of government, but an instrument of government. For instance, the idea of individual freedom and autonomy forms the basis of our conceptualisations of the constitutional state and the administration of justice, which legitimise state interventions on the presumption of individual accountability; of our conceptualisations of capitalism and the free market, in which the free movement of goods, capital, services and people is instrumental to the acquisition of (both individual and collective) material wealth; of our conceptualisation of the welfare state, which introduces presumed boundaries of individual responsibility to justify a large scale redistribution of wealth; and also of our conceptualisation of the prevention state, which avails itself of specific interpretations of 'responsibility' and 'solidarity' to justify interventions.

Prevention is not simply a policy strategy, but is part of a broader cultural pattern. The preventive gaze cannot be easily brushed aside or adjusted: in the face of imminent threat, something must be done. If we combine this observation with

⁶¹⁸ Foucault, 1980.

⁶¹⁹ See Rose on 'powers of freedom' (1999) and Foucault on 'pastoral power' (Foucault, 2007) and 'governmentality' (Foucault, 2004). The emergence of the prevention state can be understood as a new chapter in the history of 'governmentality' and as a new strategy to civilise and mould the character of a large section of the population.

the aforementioned expansive logic of prevention, the question then arises as to whether and how prevention can be moderated. After all, a gaze which tends to push out other perspectives and considerations may also invade upon core values of a free society. The political discourse surrounding the prevention state emphasises serviceability and modesty. At the same time, the rise of the prevention state implies a significant usurpation of the state-free domain and a politicisation of citizen behaviour. Next to the image of a retreating state, which leaves the organisation of public tasks to (semi) private organisations and has to accept the power of supranational institutions, we can also place the image of an interventionist prevention state.

This development is far from innocent or harmless. More specifically, the prevention state is extremely vulnerable to an arbitrary exertion of state, since there is no firm basis for the justification of interventions and no clear limitation on the range and depth of interventions. This leads to a permanent threat of violation of the innocence principle in the domain of crime and security, of parental authority in the domain of education and upbringing, of privacy in the domain of surveillance and control, and of professional autonomy in the domain of education, welfare and youth care. The preventive gaze thrives in the discretionary spaces of the constitutional state: in the formal competences of mayors to prevent crime, in the broad interpretation of social rights, and in the justification of surveillance and intervention on the basis of possible negative futures. Moreover, the prevention state tends towards an instrumentalisation of citizenship: the ideal of citizenship is not the independent public sphere, but the loyal contribution to political will formation and policy proposals.

Institutional and constitutional ‘checks and balances’ are an important means to moderate the expansive logic of prevention. Societal ‘checks and balances’ can play a moderating role as well: an independent public opinion, critical scientific scrutiny, and citizens who continue to accept risks as a normal part of everyday life (such as in entrepreneurship, traffic, sport, gambling and enjoying unhealthy habits). Moreover, reassurance may come from the realisation that full prevention is a necessary impossibility. Risks are an inevitable part of human life and of living together – without accepting some form of risk, the only remaining option would be complete inertia. Seen from this perspective, prevention may seem an attractive strategy to avert future harm, but is upon closer inspection also a therapeutical illusion for a society obsessed with a fear of the future and unable to find peace of mind in the present.

SAMENVATTING

De Preventiestaat

Hoe het preventiedenken het aanzicht van de staat verandert

Voorkomen is beter dan genezen. In toenemende mate neemt de overheid dit adagium als richtsnoer voor haar handelen. Of het nu gaat om het voorkomen van terroristische aanslagen, van recidive door veelplegers, van schooluitval bij risicojongeren, of van overgewicht bij kinderen: de klassieke repertoires van de rechtsstaat en verzorgingsstaat worden op tal van terreinen aangevuld met een preventief interventierepertoire. Maar wat betekent deze transformatie eigenlijk voor de rol van de overheid in de hedendaagse samenleving?

Deze studie reconstrueert de opkomst van het preventiedenken in politiek en beleid en bespreekt de gevolgen ervan voor de relatie tussen overheid en samenleving. Preventie lijkt een logisch antwoord op de nieuwe sociale vraagstukken van deze tijd, zoals veiligheid, opvoeding, welzijn en gezondheid. Tegelijkertijd kent preventie een expansieve logica, waardoor de overheid naar een steeds vroegere, gedetailleerdere en alomvattendere benadering van risico's tendeert. Daarmee leidt de 'preventiestaat' op sluipende wijze naar een vergaande politisering van de samenleving en een verdamping van de staatsvrije ruimte.

1. Inleiding

Hoe je kijkt bepaalt wat je ziet. Deze eenvoudige assumptie ligt ten grondslag aan deze studie, die het preventieperspectief in politiek en beleid centraal stelt. Als je door de bril van preventie naar de wereld kijkt zie je plots vermijdbare risico's waar je voorheen wellicht neutrale of onbeduidende fenomenen zag of juist onvermijdbare risico's. Bovendien bepaalt wat je ziet vaak ook hoe je handelt.⁶²⁰ Het preventieperspectief is niet slechts een manier van kijken, maar impliceert ook een handelingsperspectief: risico's worden voorgesteld als vermijdbaar door menselijke interventie.

Het preventieperspectief kan zich op een vrijwel oneindig aantal fenomenen richten. Dat kan bij voorbeeld de inrichting van de publieke ruimte zijn, waar een bankje bij een speelplaats niet meer een plek voor ontspanning is, maar een

⁶²⁰ E.g. Foucault, 1963; Goffman, 1974; Edelman, 1977; Schön & Rein, 1994; Scott, 1998.

plaats met een verhoogd risico op overlastgevende of criminele activiteiten. De idee dat dit risico kan worden voorkomen transformeert vervolgens de criteria voor de inrichting van de publieke ruimte. Of de opvoeding van kinderen, die niet langer een zorgeloze periode is maar juist is omgeven met gevaren voor de voor spoedige ontwikkeling van het kind in termen van gezondheid en gedrag. Maatregelen zijn nodig om deze gevaren af te wenden. Of de zorg voor cruciale infrastructuur, die behalve vanuit het belang van mobiliteit ook vanuit risico's op terroristische aanslagen wordt gezien. Ook hier is de vanzelfsprekende vervolgstap het nemen van maatregelen met de intentie dergelijke aanslagen te voorkomen.

In ons dagelijks leven nemen we voortdurend preventieve maatregelen. We nemen een paraplu mee als het mogelijk gaat regenen, we zetten onze fiets op slot om diefstal te voorkomen en we vermijden donkere steegjes uit de vrees om overvallen te worden. Maar daarnaast neemt ook de overheid preventieve maatregelen. Op allerlei terreinen zien we bij voorbeeld dat incidenten vaak preventie uitlokken. Zo leidt een mislukte terroristische aanslag tot verscherpte passagierscontrole op vliegvelden, leidt een kindermoord tot het aanleggen van dossiers om risicofactoren in de ontwikkeling van kinderen vroegtijdig op te sporen, leidt een dodelijke schietpartij tot voorstellen voor aanscherping van de wapenwet, en leidt kindermisbruik tot de introductie van diepgaande screening van personeel op kinderdagverblijven.

Dit onderzoek is ingegeven door het vermoeden dat overheden in West-Europa steeds vaker preventieve maatregelen nemen en dat dit vergaande consequenties heeft voor het handelingsrepertoire van deze overheden. Daarbij is preventie niet alleen een kenmerk van de reactie op incidenten, maar juist van een dieperliggend patroon in overheidshandelen. Dit patroon is geworteld in een maatschappelijke context waarin preventie een vanzelfsprekende manier is geworden om met risico's om te gaan. De centrale vraag van dit onderzoek is hoe de groeiende betekenis van het preventiedenken de rol van hedendaagse West-Europese staat transformeert.

2. De transformerende kracht van preventie

Preventie is niet de enig mogelijke manier om met risico's om te gaan. Acceptatie dat het noodlot nu eenmaal kan toeslaan of waardering van tegenslag als een leermoment zijn bekende andere omgangsvormen met risico's. Preventie past echter bij uitstek in de moderne tijd, die zich laat kenmerken door een dominante oriëntatie op de toekomst en een geloof in de menselijke beheersing van zijn leefomgeving. Het preventiedenken transformeert 'noodlot' en 'pech' tot een zaak

van 'vermijdbaar risico' of 'vermijdbaar verlies'. Preventie is het actief en doelbewust proberen af te wenden van een ongewenste ontwikkeling of ongewenst fenomeen. Daarmee is de toekomst – of althans: een negatief toekomstscenario – onderwerp van reflectie en aangrijpingspunt van handelen. Een nog niet bestaande werkelijkheid vormt de rechtvaardiging voor handelen in het hier en nu. Concreet is niet de crimineel, maar de mogelijk toekomstige crimineel; is niet de patiënt, maar de mogelijk toekomstige patiënt; en is niet het ongeluk, maar het mogelijk toekomstige ongeluk object van interventie.

Grofweg kunnen drie vormen van preventief handelen worden onderscheiden. Ten eerste primaire preventie, die zich richt op het volledig voorkomen van risico's die kunnen leiden tot een ongewenste toekomst. Een voorbeeld hiervan is de inrichting van de publieke ruimte, zodat de gelegenheid tot crimineel gedrag wordt verkleind. Een tweede vorm is secundaire preventie, ofwel de opsporing van risico's in een zo vroeg mogelijk stadium gevolgd door interventies gericht op het voorkomen dat deze risico's uitgroeien tot een probleem. Hierbij kan gedacht worden aan de identificatie van risicjongeren, waarvan wordt gevreesd dat ze crimineel gedrag gaan vertonen als er niet tijdig wordt ingegrepen. En tenslotte tertiaire preventie, die gericht is op het voorkomen van verdere verergering van een op zich al ongewenste situatie of het voorkomen van een herhaald optreden van een ongewenst fenomeen. Concreet kan het hierbij gaan om het aanbieden van detentieprogramma's aan criminelen gericht op het voorkomen van recidive.

Preventie rust op de constructie van een causaal schema, waarin een relatie wordt gelegd tussen een mogelijke toekomst en factoren in het heden die tot die toekomst zouden kunnen leiden. Preventie impliceert een verantwoordelijkheid tot handelen in het hier en nu om een bepaald toekomstscenario af te wenden. En als een vermijdbaar geachte ongewenste toekomst zich toch voordoet kan daar een zekere mate van schuld of aansprakelijkheid aan worden verbonden. Belangrijk hierbij is dat er voor preventie geen sprake hoeft te zijn van zekerheid dat een ongewenste toekomst zich zal voordoen.

Preventie vertrekt niet vanuit reeds vaststaande feiten, maar vanuit kansen en mogelijkheden. Daarmee is een zekere mate van onzekerheid ten aanzien van de toekomst en een zekere mate van subjectiviteit ten aanzien van de selectie en inschatting van risico's inherent aan preventie. Het maakt uit of het gaat om een grote kans op kleine schade of juist om een kleine kans op grote schade. En bovendien nemen we bepaalde risico's voor lief of waarderen we deze zelfs (zoals in ondernemerschap en in sport en spel) terwijl we andere risico's juist bestrijden (zoals risico's op criminaliteit, ziekte en ongelukken). Er is dus geen risico 'an sich', maar altijd sprake van interpretatie.

Bovendien is preventie in potentie grenzeloos, immuun voor evaluatie en zelfversterkend. Preventie is grenzeloos aangezien aan vrijwel elk fenomeen en elk menselijk handelen zekere risico's kleven. Preventie is immuun voor evaluatie aangezien er geen mogelijkheid is om zeker te weten of je genoeg doet om een bepaald risico te voorkomen. Bovendien: hoe beoordeel je de relatie tussen preventieve maatregelen en de ramp die zich niet heeft voorgedaan of het leed dat niet is geleden? En preventie is zelfversterkend aangezien er een prikkel is om in een zo vroeg mogelijk stadium te interveniëren, om zoveel mogelijk risico's af te dekken en om zo effectief mogelijk risico's te bestrijden. Deze kenmerken van preventie zetten de vraag naar de betekenis van het preventiedenken voor de rol van hedendaagse West-Europese overheden op scherp. Als er in politiek en beleid vanuit het preventieperspectief naar de wereld wordt gekeken verandert niet alleen het aangrijpingspunt van overheidsinterventies, maar verandert ook de reikwijdte en aard van deze interventies.

Dit onderzoek wil in theoretische zin bijdragen aan een begrip van de staat als maatschappelijk fenomeen, waarbij de stelling is dat de rol en het beeld van de hedendaagse staat niet meer begrepen kan worden zonder aandacht te hebben voor de manier waarop preventie bepalend is voor wetgeving, beleid en concrete interventies. Bestaande conceptualisaties van de staat, zoals rechtsstaat, verzorgingsstaat of reguleringsstaat, volstaan daarbij niet. Dit onderzoek sluit aan op verschillende wetenschappelijke debatten. Ten eerste sluit het aan op onderzoek dat zich richt op de analyse van de omgang met risico's in onze hedendaagse moderne cultuur,⁶²¹ ten tweede op onderzoek dat preventie centraal stelt in analyses over transformaties in specifieke beleidsterreinen,⁶²² en ten derde op onderzoek dat transformaties in de rol en het handelen van de staat in algemene zin bestudeert.⁶²³

Daarnaast wil dit onderzoek in maatschappelijke zin bijdragen aan een discussie over de manier waarop staat en samenleving zich tot elkaar verhouden. Een toegenomen belang van preventiedenken in politiek en beleid heeft mogelijk substantiële gevolgen voor de manier waarop de samenleving wordt bestuurd. Wat betekent het als de overheid niet enkel reageert op crimineel gedrag via opsporing en berechting, maar ook risicojongeren tot object van interventie maakt?

⁶²¹ E.g. Douglas & Wildavsky, 1982; Beck, 1986; Beck c.s., 1994; Bernstein, 1996; Bauman, 2000; Douglas, 2002; Ericson & Doyle, 2003; De Mul, 2006; Schinkel, 2007; Giddens, 2009.

⁶²² E.g. Boutellier, 2002; Garland, 2006; Keller, 2008; Mackenbach & Van der Maas, 2008; Van Dijk c.s., 2009.

⁶²³ E.g. Weber, 1922; Foucault, 1975, 1997, 2004; Majone, 1994; Frissen, 1996, 2007; Rhodes, 1996; Finer, 1997; Power, 1997; Giddens, 1998; Braithwaite, 2000; Ewald, in Baker & Simon, 2002; Kjær, 2004; Pierson, 2004; Pierre, 2006; Pieterman, 2008; Trommel, 2009; Zouridis, 2009.

Als de overheid niet afwacht tot problemen zich voordoen, maar via surveillance, monitoring en 'outreaching werk' actief op zoek gaat naar gedragingen die in de toekomst tot problemen kunnen leiden? En als de overheid ziekte niet enkel via zorg achteraf, maar ook via preventieve levensstijlregulering richting gezonde burgers wil bestrijden? Preventie is niet per definitie goed of slecht, maar de logica van preventie kan zich wel spanningsvol verhouden tot andere waarden zoals legaliteit, privacy en keuzevrijheid.

3. Onderzoeksstrategie

Het preventiedenken beïnvloedt de manier waarop in politiek en beleid naar maatschappelijke fenomenen wordt gekeken en de manier waarop de overheid haar interventierepertoire inricht. Het gaat, met andere woorden om de definitiemacht en de interventiemacht van de staat. De idee van de staat verwijst daarbij naar de verzameling instituties en organisaties die tezamen de soevereine macht uitoefenen over een afgebakend territorium en zijn bevolking.⁶²⁴ Hoe deze soevereine macht vervolgens wordt aangewend en uitgeoefend is een kwestie van bestuur.⁶²⁵ Transformaties in dit bestuur als gevolg van het preventiedenken zijn onderzocht aan de hand van twee cases binnen de West-Europese context.

Een belangrijke afbakening van het onderzoek is de focus op sociale risico's. In tegenstelling tot preventie ten aanzien van natuurlijke of technologische risico's, zoals overstromingen, klimaatverandering, vliegtuigongelukken of nucleaire ongelukken, gaat het hierbij om de negatieve sociale effecten van menselijke interactie en gedrag, zoals misdaad, terrorisme, kindermishandeling, verslaving en ongezonde leefstijlen. Deze risico's zijn een bijproduct van menselijk gedrag en alom aanwezig. Overheidshandelen gericht op de preventie van dergelijke risico's vinden we terug in onder meer jeugdbeleid, criminaliteitsbeleid, welzijnsbeleid, onderwijsbeleid en volksgezondheidsbeleid.

Om na te gaan of het preventiedenken inderdaad een transformerende invloed heeft over de volledige breedte van het interventierepertoire van de staat zijn een met veelal 'harde' overheidsinterventies geassocieerd beleidsterrein (criminaliteitsbeleid) en een met veelal 'zachte' interventies geassocieerd beleidsterrein (volksgezondheidsbeleid) geselecteerd. Op beide terreinen heeft de introductie naar verwachting een belangrijke impact gehad op zowel probleemdefinities als concrete beleidsvoornemens. De bevindingen in beide cases zijn met el-

⁶²⁴ E.g. Machiavelli, 1513; Bodin, 1576; Hobbes, 1651; Jellinek, 1900; Weber, 1922; Schmitt, 1934; Poggi, 1978, 1990; Pierson, 2004; Loughlin, 2006.

⁶²⁵ E.g. Burchell c.s., 1991; Finer, 1997; Foucault, 1998, 2007; Hunt, 2009; Steinberger, 2009.

kaar vergeleken om algemene conclusies te trekken over de implicaties van het preventiedenken. Beide beleidsterreinen zijn onderzocht in de Nederlandse context, die hier als exemplarisch voor West-Europa wordt beschouwd. Het onderzoek is exploratief van aard: het beoogt een diagnose van de hedendaagse staat te formuleren.

De ontwikkelingen in criminaliteitsbeleid en volksgezondheidsbeleid zijn gereconstrueerd vanaf de jaren '80 van de 20^e eeuw, het moment waarop preventie in beide terreinen voor een belangrijke kentering zorgde – al zijn er zeker voorbeelden van oudere vormen van preventie te vinden. Deze reconstructie vindt plaats aan de hand van belangrijke beleidsnota's, aangevuld met de troonredes, regeringsverklaringen en regeerakkoorden. De definitiemacht van de staat, opgevat als het vermogen om de reikwijdte van de eigen rol en de aard van politiek relevante fenomenen te bepalen, komt in deze documenten tot uiting in opvattingen over probleemdefinities, beleidsdoelstellingen en begrenzing van staatsverantwoordelijkheden. De interventiemacht van de staat, opgevat als het vermogen om de vorm en het karakter van machtsuitoefening in de samenleving te bepalen, komt tot uiting in opvattingen over de organisatievorm van interventies, de selectie van aangrijpingspunten van interventies, en de keuze voor de inzet van bepaalde technieken en instrumenten. Ter ondersteuning van de bevindingen uit de beleidsanalyse is een drietal lokale beleidspraktijken onderzocht, waarin tot uitdrukking komt hoe het preventiedenken het concrete handelen van de overheid kan structureren.

4. De contouren van de preventiestaat

4.1. Voorbij de sjablonen van de rechtsstaat en verzorgingsstaat

In het midden van de jaren '80 van de 20^e eeuw vindt in zowel het Nederlandse criminaliteitsbeleid als volksgezondheidsbeleid een omslag naar preventie plaats. In het licht van maatschappelijke veranderingen werden de klassieke mechanismen van de rechtsstaat en verzorgingsstaat als ontoereikend gezien door de toenmalige regering. Na een vertienvoudiging van het aantal geregistreerde misdrijven tussen 1965 en 1980 constateert de regering dat verdere investeringen in enkel het politieke en justitiële apparaat onvoldoende zullen zijn om reductie van criminaliteit te bewerkstelligen. Toegenomen welvaart en individualisering worden gezien als voornaamste oorzaken. De regering bezint zich op een manier om recht te doen aan maatschappelijke zorgen over criminaliteit en aan politieke zorgen over de geloofwaardigheid van de staat als rechtshandhaver. Naast het klassieke rechtsstatelijke mechanisme van opsporing, berechting en bestraffing plaatst de regering een nieuwe strategie: bestuurlijke preventie van criminaliteit.

In het domein van de volksgezondheid brengt de toename van welvaartsziekten, zoals hart- en vaatziekten, diabetes en bepaalde vormen van kanker, de regering tot een vergelijkbare koerswijziging. Verdere investeringen in het stelsel van gezondheidszorg worden als ineffectief gezien in het geval van degeneratieve en chronische aandoeningen. Om redenen van arbeidsproductiviteit en solidariteit complementeert de regering het al sinds de eind 19^e eeuw bestaande preventierepertoire gericht op exogene gezondheidsdeterminanten (met name de zorg voor publieke hygiëne via waterzuivering, riolering en voedselkwaliteit) met een preventierepertoire gericht op endogene gezondheidsdeterminanten. Naast het stelsel van gezondheidszorg en de bescherming tegen gezondheidsfactoren buiten de invloedssfeer van individuele burgers introduceert de regering een strategie gericht op de beïnvloeding van gezondheidsfactoren die binnen de invloedssfeer van individuele burgers liggen.

De twee geselecteerde beleidsdomeinen verwijzen naar twee klassieke beelden van de staat, die nog steeds constituerend zijn voor ons hedendaagse staatsbegrip. De verantwoordelijkheid van de staat voor de bestrijding van criminaliteit past bij uitstek binnen het beeld van de rechtsstaat, waarin overheidsinterventies enkel gerechtvaardigd zijn indien ze berusten op een algemeen geldende wettelijke taak of bevoegdheid.⁶²⁶ En de verantwoordelijkheid van de staat voor het bevorderen van de gezondheid van de bevolking past in het beeld van de verzorgingsstaat, die compensatiemechanismen introduceert voor de willekeurige verdeling van risico's en levenskansen over de bevolking, zoals arbeidsongeschiktheid, werkloosheid, ziekte of gebrek aan deugdelijke bewoning en onderwijs.⁶²⁷

Zowel de rechtsstaat als de verzorgingsstaat zijn in hun wezen niet gekenmerkt door een preventieve doelstelling of een preventief interventierepertoire. De rechtsstaat incorporeert de bestaansgrond en oorspronkelijke opdracht van de staat, te weten de handhaving van de maatschappelijke orde, binnen een stelsel van juridische en institutionele waarborgen tegen willekeur en tirannie. In een rechtsstaat uit de Leviathan zich als een juridisch ingebed reactiemechanisme voor inbreuken op het recht – algemeen bekend in de vorm van rechtshandhaving en rechtspraak. En de verzorgingsstaat kan worden begrepen als een compensatiemechanisme voor het noodlot, hetzij door het creëren van voorzieningen in geval van ziekte en werkloosheid, hetzij door het garanderen van gelijke kansen ongeacht afkomst, geslacht, geloof of sociaaleconomische positie. De verzorgingsstaat heeft niet zozeer ten doel om het noodlot te voorkomen, maar wil de gevol-

⁶²⁶ E.g. Dicey, 1885; Jellinek, 1900; Weber, 1922; Poggi, 1978; Zouridis, 2009.

⁶²⁷ E.g. Beveridge, 1944; Myrdal, 1960; Bruce, 1968; Donzelot, in Burcell c.s., 1991; Foucault, 2007.

gen ervan opvangen of burgers de middelen geven zich aan de wreedste uitingen ervan te onttrekken.

Echter, veel van de sociale fenomenen waarover rechtsstaat en verzorgingsstaat zich buigen kunnen ook vanuit een preventief perspectief worden benaderd. Dat preventieperspectief leidt tot een ander beeld van de staat. Zo komen behalve enkel een justitiële reactie op misdaad ook de identificatie van probleemjongeren, programma's ter bestrijding van recidive onder veelplegers, de inrichting van de gelegenheidsstructuur en de afschrikwekkende werking van surveillance in de publieke ruimte in beeld. En zo maken naast het bieden van zorg als reactie op ziekte ook interventies gericht op ongezond gedrag, ongezonde voeding, gebrekkige hygiëne, onvoldoende lichaamsbeweging en vroegsignalering van ziekte hun intrede. De klassieke sjablonen van de rechtsstaat en verzorgingsstaat blijven bestaan, maar worden gecomplementeerd door een expliciet preventief repertoire, en daarmee idealiter gereduceerd tot een 'ultimum remedium' voor het geval preventie onmogelijk of ontoereikend blijkt.

4.2. Definitiemacht: de politisering van gedrag

In tegenstelling tot het justitiële paradigma op criminaliteit en het medische paradigma op ziekte impliceert preventie een maatschappelijke oriëntatie op de oorzaken van misdaad en ziekte. Dit heeft als logische consequentie dat preventie gepaard gaat met actieve interventies in maatschappelijke processen, terwijl het justitiële apparaat en het stelsel van gezondheidszorg vooral 'buiten' maatschappelijke processen geplaatst zijn. Bovendien ligt de nadruk bij preventie niet op een taakgerichte afhandeling van problemen volgens juridische en medische waarden en maatstaven, maar op interventies die voortkomen uit een probleemgerichte of teleologische oriëntatie.

Belangrijk voor de teleologische oriëntatie van preventie zijn twee conceptuele transformaties in beide onderzochte beleidsterreinen. In het criminaliteitsbeleid gaat het om de omslag van 'criminaliteit' naar 'veiligheid' in de loop van de jaren '90. Daarmee wordt behalve een juridisch omlijnde notie van criminaliteit ook een brede en subjectieve interpretatie van de kwaliteit van het publieke domein leidend voor beleid, inclusief verloedering, overlast en gevoelens van onveiligheid. En in volksgezondheid werd reeds bij de omslag naar preventie in het midden van de jaren '80 'ziekte' vervangen door 'gezondheid' als dominant beleidsparadigma. Behalve een medisch omschreven notie van ziekte wordt ook een breder gevoel van lichamelijk en geestelijk welbehagen, ten dienste van de volledige participatie in samenleving en economie, leidend voor beleid.

De noties 'veiligheid' en 'gezondheid' kennen een conceptueel verwantschap met preventie. In de eerste plaats impliceren beide begrippen de afwezigheid van respectievelijk criminaliteit en ziekte, en ten tweede zijn ze gericht op

het realiseren van een zekere subjectief ervaren kwaliteit van leven en dientengevolge ook op het voorkomen van vermijdbaar verlies aan kwaliteit. Daarmee wordt ook de reikwijdte van preventie verbreed. In plaats van criminaliteitspreventie en rechtshandhaving verschuift de aandacht naar bedreigingen voor het publieke domein en ordehandhaving, en in plaats van ziektepreventie verschuift de aandacht naar vermijdbaar gezondheidsverlies.

Het teleologische karakter van preventie uit zich in de oriëntatie op risico's als aangrijppingspunt voor interventies. Preventie rust altijd op een theorie, causaal schema of scenario tussen ongewenste toekomst en haar mogelijke oorzaken in het heden. De mogelijkheid van schade wordt veelal vastgesteld op basis van statistische extrapolatie, zoals de identificatie van risicogroepen voor bepaalde welvaartsziekten of voor toekomstig crimineel gedrag, op basis van structurele screening of monitoring, zoals de vroegsignalering van kanker, overgewicht en opvoedingsproblemen, of op basis van professionele inschattingen over individuele gevallen, zoals de beslissing om preventief te interveniëren in een probleemgezin of om een recidivist met proefverlof te sturen.

Meer concreet gaat het bij criminaliteitspreventie om vier typen risico's: risicoburgers die een grote kans hebben om in de toekomst crimineel gedrag te vertonen (zoals probleemjongeren, spijbelaars, overlastgevers en veelplegers), risicoplaatsen (achterstandswijken, stationsgebieden), risicotijden (uitgaansavonden) en risicofactoren (drugs, alcohol, wapens). En bij ziektepreventie gaat het om de endogene determinanten van gezondheid (naast de exogene, die worden bestreden door preventie als gezondheidsbescherming), met name eetgewoonten, roken, drankgebruik en lichaamsbeweging. De identificatie van sociale risico's rondom ziekte en criminaliteit vormt daarmee het voorportaal van interventies in maatschappelijke processen en in gedrag van burgers. Niet de uitkomsten van bepaald handelen, zoals een ziekte of een misdaad, maar de gedragingen zelf of de contexten waarin deze plaatsvinden worden object van problematisering en interventie.

De leidraad voor deze politisering van gedrag is een impliciet beeld van de goede burger. De constructie van de 'brave' burger in het criminaliteitsbeleid vindt plaats via interventies zoals surveillance in de publieke ruimte (ter afschrikking van crimineel gedrag), beïnvloeding van de gelegenheidsstructuur (inrichting van de publieke ruimte), opvoedingsondersteuning voor ouders van probleemjongeren, de aanpak van vroegtijdig schoolverlaten, het bijhouden en delen van informatie over risicofactoren bij kinderen in elektronische kinddossiers, het uitbreiden van formele bevoegdheden van burgemeesters (zoals preventief fouilleren en bestuurlijke ophouding) en het ontwerpen van reïntegratieprogramma's voor veelplegers.

En de constructie van de ‘gezonde’ burger in het volksgezondheidsbeleid vindt plaats via een repertoire van onder meer ‘social marketing’ van een gezonde levensstijl (overdracht van gezondheidsnormen), het creëren van laagdrempelige sportvoorzieningen in de wijk, gezondheidseducatie op scholen, leeftijdsgrenzen voor de verkoop en consumptie van alcohol en tabak, rookverboden op diverse publieke plaatsen, vroegtijdige signalering van overgewicht, toestaan dat zorgverzekeraars financiële prikkels voor hun klanten inbouwen als ze investeren in een gezonde levensstijl, en het aanbieden van programma’s voor leefstijlverandering voor kinderen met overgewicht.

Onder dit type preventieve maatregelen ligt een transformatie in de verantwoordelijkheidsverdeling tussen staat en burger. De rechtvaardiging voor overheidsinterventies is verschoven van een inbreuk op de wet of een individuele zorgvraag (of bescherming tegen ziektebronnen buiten de invloed van individuele burgers) naar een te verwachten toekomst en de idee dat deze kan worden afgewend door overheidsingrijpen. Daarmee is de grondslag voor overheidshandelen verschoven van feit naar mogelijkheid en in het kielzog daarvan is de verantwoordelijkheid van de staat uitgebreid naar het beïnvloeden van gedrag dat ongewenste sociale risico’s met zich meebrengt. Dit doet de staat door aan te grijpen op de keuzes die burgers maken of de sociale contexten waarin deze keuzes gemaakt worden. En daarmee raakt de staat weer direct aan de verantwoordelijkheid van burgers. Enerzijds zijn het burgers zelf die hun gedrag dienen te veranderen, anderzijds is het de staat die gewenst gedrag probeert te ontlokken aan burgers.

Dit ‘spel’ tussen staat en burger wordt gestructureerd aan de hand van een transformatie van de noties ‘verantwoordelijkheid’ en ‘solidariteit’. Waar ‘verantwoordelijkheid’ binnen het sjabloon van de rechtsstaat wordt opgevat als het achteraf verantwoording afleggen over het eigen handelen, daar wordt ‘verantwoordelijkheid’ hier juist opgevat als het vermogen van individuen om vooraf te reflecteren op de consequenties van het eigen handelen. En waar binnen het sjabloon van de verzorgingsstaat ‘solidariteit’ wordt gevraagd van de belastingbetaler met het slachtoffer van een willekeurig en onvermijdelijk noodlot, daar wordt hier juist ‘solidariteit’ gevraagd van de burger die door vermijdbaar gedrag onnodige aanspraken op collectieve middelen maakt. De transformaties van ex post naar ex ante verantwoordelijkheid en van solidariteit met het slachtoffer naar solidariteit met de samenleving vormen tevens de rechtvaardiging voor een bepaald type overheidsinterventies: de presumptie dat burgers in staat zijn tot verantwoordelijk en solidair handelen legitimeert interventies richting burgers die onwillig of onkundig zijn om hun gedrag uit eigen beweging te veranderen.

4.3. Interventiemacht: de expansieve logica van preventie

Het interventierepertoire dat voortvloeit uit het preventiedenken in criminaliteitsbeleid en volksgezondheidsbeleid is gericht op het sturen, beïnvloeden, faciliteren en managen van verantwoordelijkheid en solidariteit. De ontwikkeling van dit nieuwe repertoire vindt plaats langs drie lijnen of organisatieprincipes. Het eerste van deze principes is het principe van nabijheid: het organiseren van interventies waar risico's zich voordoen. Meer concreet krijgt dit principe vorm door de organisatie van preventie in de directe leefomgeving van burgers (bij voorbeeld via Veiligheidshuizen en Centra voor Jeugd en Gezin wijkniveau), in de sociale context waarin burgers zich begeven (zoals aanpassing van de gelegenheidsstructuur en activering van maatschappelijke organisaties), en in persoonsgerichte programma's (zoals 'outreaching' werk richting zorgmijders en recidivepreventie richting veelplegers).

Het tweede organisatieprincipe van preventie is het principe van coördinatie. Vanuit de assumptie dat er zelden één maatregel effectief genoeg is om gedragsverandering te realiseren wordt er een breed web van samenhangende interventies gecreëerd om via verschillende technieken gedrag te beïnvloeden. Exemplarisch is hier het tabaksontmoedigingsbeleid, waarin positieve prikkels van educatie, stopondersteuning en 'social marketing' worden ingezet naast negatieve prikkels van accijnsverhoging, regulering van leeftijdsgrenzen en reclameuitingen en rookverboden in publiek gebouwen. Het principe van coördinatie uit zich ook in nieuwe vormen van samenwerking, bij voorbeeld rond persoonsgerichte criminaliteitspreventie: politie, jeugdwerk, verslavingszorg, OM, woningcorporaties, jeugdzorg, welzijnswerk, justitiële inrichtingen, leerplicht, gemeente en reclassering zijn alle betrokken bij persoonsgerichte criminaliteitspreventie. Wat vanuit disciplinair, rechtsstatelijk of bureaucratisch perspectief logische scheidslijnen zijn, blijken vaak barrières vanuit preventieperspectief.

Het derde organisatieprincipe van preventie is het principe van tijdigheid: preventie is het meest effectief als het zo vroeg mogelijk kan worden ingezet. Dit principe komt tot uiting in vroegsignalering en daaropvolgende vroeginterventie. Vroegsignalering impliceert een anticiperend vermogen, vormgegeven door praktijken van surveillance van de publieke ruimte, screening van de bevolking en monitoring van risicoburgers, maar ook door nieuwe rolopvattingen van professionals: politieagenten bekeuren niet alleen, maar signaleren ook risicofactoren en maken 'zorgmeldingen'; welzijnswerkers handelen niet alleen op basis van een zorgvraag, maar in de vorm van 'outreaching werken' ook op basis van vermoedens nog voordat er een expliciete zorgvraag van een burger ligt.

Tezamen genomen vormen deze drie organisatieprincipe een expansieve logica. Volgens het principe van nabijheid is preventie effectief als het zo gedetailleerd mogelijk en zo dicht mogelijk op de geïdentificeerde risico's plaatsvindt.

Volgens het principe van coördinatie is preventie effectief als het zo veelomvattend mogelijk is en intervenieert op alle geïdentificeerde risico's. En volgens het principe van tijdigheid is preventie effectief als het in een zo vroeg mogelijk stadium van de ontwikkeling van risico's kan plaatsvinden. Met andere woorden: preventie tendeert naar zo gedetailleerd mogelijke, zo alomvattend mogelijke en zo vroeg mogelijke interventies. De immanente logica van preventie is een logica van expansie.

Het preventiedenken verandert ook de selectie van objecten van interventie. In criminaliteitspreventie is niet de delinquent, maar de gehele bevolking het aangrijpingspunt. Hoewel niet iedereen in gelijke mate wordt getroffen door preventieve maatregelen en hoewel niet iedereen als risicoburger wordt geïdentificeerd is de grondgedachte van criminaliteitspreventie dat in principe iedere burger zowel dader als slachtoffer kan worden. En het aangrijpingspunt in ziektepreventie is niet de patiënt, maar het gezonde deel van de bevolking. Er is geen a priori uitsluiting van objecten van interventie, zoals de klassieke justitiële of curatieve reactie die wel kennen. In het bijzonder zijn overigens kinderen en jongeren object van preventie bij uitstek. Niet alleen wordt in de jeugd veelal de basis gelegd voor een ongewenste levensstijl, maar jongeren zijn ook vatbaarder voor gedragsinterventies dan volwassenen.

In termen van concrete instrumentering kent preventie vele gezichten. Het managen van verantwoordelijkheid en solidariteit vraagt om gedragsprikkelers in zowel positieve als negatieve zin: ofwel in de vorm van verleiding en aanmoediging, ofwel in de vorm van belemmering en ontmoediging. Disciplineren en ondersteuning gaan in veel gevallen hand in hand. Preventie is 'hard' en 'zacht' tegelijk en kent niet de eenduidigheid van de repressieve justitiële reactie of de curatieve medische zorg. Vaak is preventie bovendien 'hard' en 'zacht' binnen hetzelfde beleidsterrein. Criminaliteitspreventie is een zaak van surveillance en disciplineren, maar ook van opvoedingsondersteuning en jeugdzorg. En ziektepreventie is niet enkel een kwestie van educatie en ondersteuning, maar ook van regulering en financiële ontmoediging. In grote lijnen kenmerkt het preventieve handelingsrepertoire zich door zes typen interventies:

1. Bestuurlijke ordening: juridische instrumenten kunnen worden ingezet voor de uitbreiding van formele bevoegdheden van burgemeesters bij de preventie van inbreuken op de openbare orde, of voor de regulering van verkoop en gebruik van mogelijk schadelijke producten zoals alcohol en tabak.
2. Financiële prikkels: financiële instrumenten kunnen worden ingezet ter ontmoediging van bepaald gedrag (bij voorbeeld in de verhoging van accijnzen op tabak en alcohol), of ter bevordering van gewenst gedrag (bij

voorbeeld het mogelijk maken dat verzekeringsmaatschappen zaken als inbraakpreventie en vroegsignalering van ziekten opnemen in hun polis-sen).

3. Normoverdracht: communicatieve instrumenten kunnen, met name in het volksgezondheidsbeleid, niet alleen worden ingezet voor de overdracht van objectieve informatie, maar ook voor 'social marketing' of voor een moreel appèl op burgers (en vooral ouders) om te kiezen voor een gezonde levensstijl. Daarbij gaat de overheid voorbij aan het beeld van de rationele burger: de onderliggende assumptie is dat de burger niet alleen kiest voor ongezond leven vanwege een gebrek aan informatie, maar vooral ook vanwege een gebrek aan wilskracht in het licht van alom aanwezige ongezonde verleidingen.
4. Inrichting van de gelegenheidsstructuur: preventie krijgt eveneens vorm door het bieden van faciliteiten, die via indirecte weg bepaald gedrag en bepaalde keuzes bevorderen of ontmoedigen. Concreet gaat het om zaken als de inrichting van gezonde kantines op school en werk, om goede straatverlichting ter ontmoediging van crimineel gedrag, en om de inrichting van sportvelden ter bevordering van een actieve levensstijl.
5. Activering van maatschappelijke organisaties: preventie is niet alleen een autonome zaak van de overheid, maar wordt ook georganiseerd in samenwerkingsverbanden met maatschappelijke organisaties, bedrijfsleven en individuele burgers. Doel hiervan is het activeren van de gehele sociale context van burgers. Zo kan inbraakpreventie vorm krijgen door samenwerking tussen politie, gemeente, woningcorporaties, bedrijfsleven en bewoners. En zo kan een gezonde leefstijl worden bevorderd door het sluiten van convenanten met voedselproducten, zorgverzekeraars en sportverenigingen.
6. Surveillance: de identificatie van risico's via toezicht, screening en monitoring is een noodzakelijke voorwaarde voor preventie. Bovendien is toezicht zelf ook een subtiele vorm van preventie: mensen gedragen zich anders als ze weten dat ze mogelijk in de gaten worden gehouden, bij voorbeeld in de vorm van cameratoezicht, politie-surveillance, het 'hinderlijk volgen' van overlastgevers, of het opnemen van risicofactoren in persoonlijke dossiers.

5. Conclusie en discussie: op weg naar een preventiestaat?

Preventie is nooit volledig afwezig geweest in het handelingsrepertoire van West-Europese staten. Men kan denken aan het sluiten van stadspoorten om aan-

vallen van buiten op de stad en haar inwoners te voorkomen of aan vroege pogingen tot heropvoeding van delinquenten in het Amsterdamse Rasphuis of het Drentse Veenhuizen. Bovendien is preventie in enkele domeinen zelfs al lange tijd expliciet onderdeel van een beleidsdomein, zoals de zorg voor publieke hygiëne vanaf het eind van de 19^e eeuw. En hoewel er sterke aanwijzingen zijn dat preventie ook in andere West-Europese staten een grote vlucht heeft genomen,⁶²⁸ kan niet worden uitgesloten dat preventie bij uitstek gedijt in de Nederlandse context of daar althans een specifieke uitdruktingsvorm krijgt.

Tegelijkertijd laat het onderzoek zien hoe het preventiedenken kan leiden tot een transformatie in de manier waarop de overheid maatschappelijke vraagstukken benoemt en benadert. De ontwikkelingen in de Nederlandse context sinds de jaren '80 van de 20^e eeuw laten een fundamentele en structurele transformatie van de staat zien, die enkel begrepen kan worden als een uitdrukking van preventiedenken. In plaats van een uitzondering in bepaalde niches van overheidshandelen heeft het preventiedenken zich naar het hart van politiek en beleid verplaatst. Zowel in definitiemacht als interventiemacht onderscheidt het preventiedenken zich sterk van de sjablonen van de rechtsstaat en de verzorgingsstaat.

Het preventiedenken heeft een beeld van de staat voortgebracht dat zich niet kenmerkt door een reactie op wetsovertredingen (zoals in de rechtsstaat) of door een compensatie voor het noodlot (zoals in de verzorgingsstaat), maar door het voorkomen van vermijdbaar geachte schade. De rechtvaardiging voor staatsinterventie vloeit niet voort uit individuele schuld (zoals in het beeld van de rechtsstaat) of uit de combinatie van individueel slachtofferschap en collectieve solidariteit (zoals in het beeld van de verzorgingsstaat), maar uit het vermoeden van toekomstige schade bij non-interventie door de staat en de verwachting dat deze onwenselijke toekomst vermijdbaar is. En meer specifiek voor het sociale domein (van zorg en straf) geldt dat het preventiedenken een model van de staat voortbrengt dat tot doel heeft om te voorkomen dat burgers vermijdbare schade aan zichzelf, anderen en de samenleving als geheel toebrengen. Het uiteindelijke interventierepertoire dat uit het preventiedenken voortvloeit kenmerkt zich dan ook door technieken gericht op het ontlokken van gewenst gedrag aan burgers.

De preventiestaat is een product van een specifieke tijd en plaats. Hoewel dit onderzoek primair verkennend is en niet tot doel heeft om de opkomst van de preventiestaat te verklaren kan wel een aantal factoren worden genoemd, die de logische condities voor zijn opkomst en voortbestaan vormen. Op basis van sociologische en politiek-filosofische literatuur kunnen zowel kenmerken van het laat-

⁶²⁸ E.g. Garland, 2001; Krasmann, 2007; Huster & Rudolph, 2008; Van Dijk & De Waard, in Crawford, 2009:130; Boutellier, 2011:87.

moderne sociale systeem – de mechanismen waarlangs een samenleving is gestructureerd – als kenmerken van het laat-moderne geloofstelsel – het geheel aan waarden dat het maatschappelijke en politieke perspectief op de sociale werkelijkheid structureert – worden genoemd als ‘sociale dragers’ van de preventiestaat.⁶²⁹

Het sociale systeem van laat-moderne samenlevingen vormt een voedingsbodem voor het preventiedenken doordat in toenemende mate de schaduwzijden van vooruitgang zichtbaar worden. Structurele transformaties in de samenleving produceren nieuwe vragen, waarop preventie een logisch antwoord lijkt te zijn. Als we de hedendaagse West-Europese samenlevingen bezien als een voortzetting van het moderniseringsproces, dan kan een ontwikkeling worden geschetst van de 18^e en 19^e eeuwse aanzetten tot industrialisering en individualisering tot aan de hedendaagse post-industriële netwerksamenleving. Enerzijds is deze ontwikkeling gepaard gegaan met ongekennd grote levenskansen en een ongekennde welvaartsgroei, anderzijds heeft het eveneens geleid tot een neergang van sociale instituties (zoals de kerk), een erosie van sociale controle (vaak genoemd als voedingsbodem voor criminaliteit) en een toename van welvaartsziekten. In het licht van dergelijke kwesties treedt de staat naar voren als compensatie voor een gebrek aan maatschappelijke zelfregulering en zelfcorrectie. Daarbij volstaat een reactief handelingsrepertoire niet.

Het geloofstelsel van laat-moderne samenlevingen vormt in zekere zin de spiegel van het sociale systeem en laat zich kenmerken door een reeks van dualiteiten. Drie van dergelijke dualiteiten zijn van bijzonder belang voor het ontstaan en voortbestaan van de preventiestaat. De eerste dualiteit behelst onze houding ten aanzien van de toekomst. Enerzijds is een oriëntatie op de toekomst kenmerkend voor de moderne levenshouding, anderzijds wordt deze toekomst in laat-moderne samenlevingen vooral in termen van risico's begrepen. Deze dualiteit komt voort uit het bewustzijn dat juist onze pogingen om controle over de toekomst uit te oefenen – en niet afhankelijk te zijn van toeval, God of natuur – zelf allerlei risico's en onbedoelde neveneffecten produceren. Bovendien lijkt deze reflexieve houding ten aanzien van menselijk handelen een grotere risicogevoeligheid te produceren. Het preventiedenken grijpt aan op deze ambivalentie: het combineert een wantrouwende houding ten aanzien van de toekomst met een geloof in de controlebaarheid van die toekomst door menselijk handelen.

Een tweede dualiteit in het laat-moderne geloofstelsel betreft de omgang met de rede. Het gebruik van de menselijke rede staat aan de basis van de

⁶²⁹ E.g. Foucault, 1975, 1976, 1980; Giddens, 1990, 1991; Beck, 1986; Beck c.s., 1994; Ankersmit, 1996; Castells, 1996; Furedi, 1997; Bernstein, 1998; Frissen, 1999; Bauman, 2000; Rose, 2000; Garland, 2001; De Mul, 2006; Berlin, 2007; Trommel, 2009; Boutellier, 2011.

moderniteit en aan de basis van modern staatsbestuur, waarin niet alleen politieke wilsvorming maar ook statistische kennisvergaring, wetenschappelijke probleemanalyse en 'evidence based' beleidsvoorstellen een belangrijke rol spelen. Het preventiedenken past enerzijds in deze moderne traditie die de samenleving tot object van zowel 'macht' als 'kennis' maakt.⁶³⁰ Anderzijds gaat het preventiedenken ook voorbij aan deze traditie door nadrukkelijk mogelijkheid in plaats van zekerheid als uitgangspunt te nemen. Risicoselectie en risicowaardering zijn gelijktijdig rationeel en subjectief.

En een derde dualiteit in het geloofstelsel betreft de waardering van individuele vrijheid en autonomie als grondslagen van samenleving en staatsinrichting. Deze waardering van vrijheid ligt in het verlengde van de waardering van de menselijke rede: de mens wordt geacht vrij te zijn als hij zelf nadenkt en verantwoordelijkheid voor zijn keuzes draagt. Dit is het beeld van de klassieke rechtsstaat: de overheid onthoudt zich zoveel mogelijk van interventie, maar attribueert individuele schuld in het geval van wetsovertreding. In de preventiestaat zien we echter een transformatie van dit vrijheidsbegrip: de staat ziet individuele verantwoordelijkheid niet als een vorm van ex post (juridische) aansprakelijkheid, maar als het vermogen van burgers om ex ante de gevolgen van hun keuzes te overdenken. Het interventierepertoire van de preventiestaat in het sociale domein is exact rond deze dualiteit georganiseerd: het doet een beroep op individuele autonomie, maar introduceert tegelijkertijd gedragsinterventies om 'vrijwillige gehoorzaamheid' te ontlokken.

In die zin past de preventiestaat bij een samenleving die vrijheid centraal stelt in haar denken over rechtvaardigheid, maar ook bij een traditie van staatsbestuur die vrijheid als aangrijpingspunt voor interventie ziet.⁶³¹ In deze traditie is vrijheid niet tegengesteld aan staatsmacht, maar is ze er juist een instrument van. Zo ligt de idee van menselijke vrijheid en autonomie ten grondslag aan onze concepties van rechtsstaat en rechtspraak, waarin leedtoevoeging wordt gelegitimeerd door de constructie van individuele aansprakelijkheid; aan onze concepties van kapitalisme en vrije markt, waarin het vrije verkeer van goederen, mensen, kapitaal en diensten vooral wordt begrepen als middel voor het vergaren van (zowel individuele als collectieve) materiële welvaart; aan onze conceptie van de verzorgingsstaat, waarin veronderstelde grenzen van individuele verantwoordelijkheid de rechtvaardiging vormen voor een grootschalige herverdeling van middelen; en dus ook aan de notie van de preventiestaat, waarin een specifieke opvat-

⁶³⁰ Foucault, 1980.

⁶³¹ Zie Rose over 'powers of freedom' (1999) en Foucault over 'pastorale macht' (Foucault, 2007) en 'governmentality' (Foucault, 2004). Vanuit dit perspectief is de opkomst van de preventiestaat een nieuw hoofdstuk in de geschiedenis van 'governmentality' en een nieuwe strategie voor de beschaving en vorming van grote delen van de bevolking.

ting van verantwoordelijkheid wordt gebruikt als rechtvaardiging voor en aangrijpingspunt van interventies.

Het bovenstaande laat zien dat preventie niet simpelweg een beleidsstrategie is, maar onderdeel van een breder cultureel patroon. Het is daardoor een manier van denken die zich moeilijk laat bijsturen en waaraan moeilijk te ontsnappen is. In het licht van dreigend onheil is niets doen geen optie. Als we die constatering combineren met de hierboven besproken immanente expansieve logica van preventie dringt een discussie over de begrenzing van preventie zich op. Als het preventiedenken zo'n dwingende logica kent, kan het ook de waarden verdringen die de basis van een onze samenleving en staatsstructuur vormen. De preventiestaat presenteert zich als dienstbaar en bescheiden, maar bedient zich tegelijkertijd van een interventierepertoire dat in vergaande mate het gedrag van burgers politiseert en nieuwe terreinen usurpeert van wat ooit staatsvrije ruimte was. Naast de vaak afgekondigde terugtrekkende staat, die de uitvoering van publieke taken aan (semi-)marktpartijen overlaat en de macht van supranationale instituties boven zich moet dulden, kunnen we nu dus ook het beeld van intredende preventiestaat stellen.

Deze ontwikkeling is allesbehalve onschuldig. Meer concreet is de preventiestaat uitermate vatbaar voor willekeur, aangezien er geen heldere rechtvaardiging voor interventie is en er geen heldere afbakening van de reikwijdte en diepte van interventies is. Daarmee dreigt voortdurend een aantasting van het onschuld-principe in het domein van criminaliteit, van ouderlijke macht in het domein van opvoeding, van privacy in het domein van surveillance en toezicht, en van professionele autonomie in domeinen van onderwijs, welzijnswerk en jeugdzorg. Het preventiedenken gedijt in de discretionaire ruimten van de rechtsstaat: in de bevoegdheden van burgemeesters om misdaad te voorkomen, in de ruime interpretatie van sociale grondrechten, en in de rechtvaardiging van toezicht en interventie op basis van een mogelijke toekomst. Bovendien tendeeert de preventiestaat naar een instrumentalisering van burgerschap: niet de onafhankelijk van de staat opererende publieke sfeer, maar de loyale bijdrage aan beleidsdoelstellingen wordt het burgerschapsideaal.

Een belangrijke rol voor de matiging van deze tendensen is weggelegd voor institutionele en rechtsstatelijke 'checks and balances'. Ook kan worden gewezen op maatschappelijke 'checks and balances', zoals op een kritische blik van publieke opinie en wetenschap, en op burgers die risiconeming als een normaal onderdeel van hun dagelijks leven blijven zien, bij voorbeeld in ondernemerschap, verkeer, sport, gokken en genieten van ongezonde gewoonten. Daarnaast is het wellicht een geruststellende gedachte dat volledige preventie van risico's noodzakelijkerwijs zal falen. Risico's zijn immers een onvermijdelijk onderdeel van men-

selijk leven en van samenleven – zonder een zekere aanvaarding ervan blijft enkel de ‘handelingsoptie’ van totale inertie over. In dit licht bezien lijkt op het eerste gezicht preventie een aantrekkelijke strategie om onheil af te wenden, maar is het uiteindelijk ook een therapeutische schijnremedie voor een samenleving die geobsedeerd is door een angst voor de toekomst en geen vrede vindt in het hier en nu.

DUTCH POLITICAL CONTEXT

The analysis of crime policy and public health policy is set against the background of developments in the Dutch political context. In the introductions to both policy analyses, the case-specific contexts are described. These are complemented by a short general overview of Dutch cabinets since 1966 and their general perspectives on society, based on the analysis of the various Queen's speeches (QS), government declarations (GD) and coalition agreements (CA).

Until roughly 1966, Dutch society was characterised by 'pillarisation' (in Dutch: 'verzuiling'): the vertical segregation of society along religious and ideological lines. Catholics, Protestants and Social Democrats formed strongly organised social groups, with their own political parties, broadcasting organisations, newspapers, sports clubs, schools, universities and hospitals. Personal contact between members of different pillars was rare. However, there was cooperation and accommodation among the political elites of the pillars (Lijphart, 1968).

As these pillars gradually disintegrated into a more individualised and secularised Dutch society, democratisation and egalitarian tendencies would come to characterise the Dutch political landscape in the 1970s. Despite concerns about the increasing costs of the welfare state (which was rapidly developed after the Second World War), the political discourse stressed the importance of welfare policy as a mechanism for the emancipation of societal groups in danger of becoming isolated or 'left behind' (e.g. CA, 1977:87; GD, 1967:27).

In 1976, government envisioned "[...] a society with work for everyone, with less inequality and with equal opportunities for self-development" (QS, 1976). Recreation, sports, media and art were important means for the "development of creativity, a critical attitude, political consciousness and relaxed social relations" (CA, 1973:11). The state had a crucial role in accommodating the negative effects of a rapidly modernising society: "In modern society, many people feel lost, controlled by forces they cannot understand and often experience as hostile" (GD, 1971:140).

The political tide changed at the dawn of the 1980s. Economic recession and budgetary deficits prodded governments to cut welfare state expenditures. Economic policy took central stage during the 1980s, pushing welfare policies to the background of the political discourse (CA, 1982; GD, 1982; CA, 1986; GD, 1986). At the same time, the first signals of a faltering administration of justice and law enforcement started to seep through. In the words of the government, the "conditions under which the police are required to perform their duties are growing increasingly grim" (GD, 1981:337), while the apparatus of law enforcement has

become increasingly “overburdened” (QS, 1982). Within a few years, concerns about the level of crime burgeoned into a major government concern: “Government is currently reassessing our welfare state. [...] In recent years, other government tasks have also started to cause increasing concern. Especially the security of citizens and the quality of the constitutional state are at stake. Crime must be reduced” (QS, 1984).

By the end of the 1980s, the focus on crime was complemented by concerns about the living conditions in disadvantaged neighbourhoods of the major Dutch cities. Previously, urban development had mainly been characterised by housing construction and the realisation of overdue maintenance (GD, 1965:1310; GD, 1971:142; GD, 1973:1569; GD, 1981:329). In 1989, specific attention for the social aspects of urban development entered the political discourse. “Social renewal” aimed to “integrate people into society” through work, but also through a healthy lifestyle, proper housing, a clean environment, education and opportunities for cultural and social participation (GD, 1989:316). In the wake of this urban renewal movement, broader concerns grew with regard to social structures and social disintegration, especially in disadvantaged urban neighbourhoods (e.g. GD, 1994:5810).

During the 1990s, the political discourse was dominated by a favourable economic tide and a neo-liberal economic agenda. Politicisation was further reduced by the fact that the former political adversaries of the liberal-conservative and social-democratic parties formed the major part of the coalition which governed the Netherlands from 1994 to 2002. For the first time in modern Dutch political history, the Christian-democratic party was not part of the government coalition.

At the same time, concerns were expressed about social disintegration (QS, 1996), juvenile delinquency (QS, 1994), the liveability of disadvantaged neighbourhoods (GD, 1994:5810), an increasing level of unhealthy lifestyles (QS, 1997), and the consequences of the multicultural society (QS, 1999): “Our society is changing rapidly. This demands a lot from both the citizens’ and government’s adaptability” (QS, 2001). Despite a general optimism about the economic prosperity, over the course of the 1990s, government concern about the “shared values and norms” a certain “social cohesion” (QS, 1999) in Dutch society also broadened: “No matter how important, more than merely economic prosperity is required for the wellbeing of citizens. A sense of security, knowledge and education, as well as social cohesion, are important social needs” (QS, 1996).

In 2002, these issues of security and social cohesion became, apparently out of the blue, the focal point of political discourse. Before the 2002 Parliamentary elections, ‘populist’ political leader Pim Fortuyn had gained a large public following

with his critiques on previous governments, which he accused of neglecting security and immigration issues. Fortuyn was murdered days before the election. However, his newly formed political party garnered 26 out of the 150 seats in Parliament. Even though the eventual coalition between Fortuyn's party, Christian-democrats and conservative-liberals was short-lived, the issues advanced by Fortuyn would dominate the political agenda in the years to follow.

Whether in the vocabulary of a coalition between Christian-democrats and social-democrats (2007-2010) or in the vocabulary of a coalition between Christian-democrats and (conservative-)liberals (2002-2007), concerns about immigration, integration, security and social cohesion dominated the Dutch political discourse in the first decade of the 21st century (GD, 2002; QS, 2003; GD, 2007; QS, 2007). In general, civic conduct became a political issue: "Social cohesion was often taken for granted in Dutch society. In recent years, we have come to realise this is not the case. [...] A harmonious society is built on respect, tolerance and politeness. This requires giving and taking, tolerance but also adaptation. This is the responsibility of us all" (QS, 2010).

Furthermore, successive governments tried to find a new balance between rolling back government and increasing government interventions: "Government should let go and hold on. Letting go by reducing regulation and bureaucracy in fields such as education, health care, entrepreneurship and spatial planning. Holding on by taking care of core tasks in the fields of security, law enforcement, integration and setting boundaries" (GD, 2002:5467). Governing in the Netherlands at the beginning of the 21st century means governing a country in which "faith in the future is under pressure" (GD, 2007:2630).

Overview Dutch cabinets since 1965, named after the prime-minister:⁶³²

- 1965-1966: cabinet Cals (coalition: Catholic party KVP, Protestant party ARP, social-democratic party PvdA)
- 1966-1967: cabinet Zijlstra (coalition: Catholic party KVP, Protestant party ARP)
- 1967-1971: cabinet De Jong (coalition: Catholic party KVP, Protestant parties ARP and CHU, liberal-conservative party VVD)
- 1971-1972: cabinet Biesheuvel I (coalition: Catholic party KVP, Protestant parties ARP and CHU, liberal-conservative party VVD, social-democratic party DS'70)
- 1972-1973: cabinet Biesheuvel II (coalition: Catholic party KVP, Protestant parties ARP and CHU, liberal-conservative party VVD)

⁶³² Retrieved from <http://www.parlement.com/>, consulted d.d. 25-7-2011.

- 1973-1977: cabinet Den Uyl (coalition: social-democratic party PvdA, progressive-green party PPR, liberal-progressive party D'66, Catholic party KVP, Protestant party ARP)
- 1977-1981: cabinet Van Agt I (coalition: Christian-democratic party CDA, liberal-conservative party VVD)
- 1981-1982: cabinet Van Agt II (coalition: Christian-democratic party CDA, social-democratic party PvdA, liberal-progressive party D'66)
- 1982: cabinet Van Agt III (coalition: Christian-democratic party CDA, liberal-progressive party D'66)
- 1982-1986: cabinet Lubbers I (coalition: Christian-democratic party CDA, liberal-conservative party VVD)
- 1986-1989: cabinet Lubbers II (coalition: Christian-democratic party CDA, liberal-conservative party VVD)
- 1989-1994: cabinet Lubbers III (coalition: Christian-democratic party CDA, social-democratic party PvdA)
- 1994-1998: cabinet Kok I (coalition: social-democratic party PvdA, liberal-conservative party VVD, liberal-progressive party D'66)
- 1998-2002: cabinet Kok II (coalition: social-democratic party PvdA, liberal-conservative party VVD, liberal-progressive party D'66)
- 2002-2003: cabinet Balkenende I (coalition: Christian-democratic party CDA, liberal-conservative party VVD, populist party LPF)
- 2003-2006: cabinet Balkenende II (coalition: Christian-democratic party CDA, liberal-conservative party VVD, liberal-progressive party D'66)
- 2006-2007: cabinet Balkenende III (coalition: Christian-democratic party CDA, liberal-conservative party VVD)
- 2007-2010: cabinet Balkenende IV (coalition: Christian-democratic party CDA, social-democratic party PvdA, protestant-democratic party CU)
- From 2010: cabinet Rutte (coalition: liberal-conservative party VVD, Christian-democratic party CDA)

BIBLIOGRAPHY

Abrams, P., "Notes on the Difficulty of Studying the State", in: *Journal of Historical Sociology*, no. 1 1988:58-89 (reprint 1977).

Achterhuis, H., *De markt van welzijn en geluk: een kritiek van de andragogie*, Ambo, Baarn 1979.

Adams, J., *Risk*, UCL Press, London 1995.

Almond, G.A., E.A. Nordlinger, T.J. Lowi & S. Fabbrini, "The return to the state", in: *American Political Science*, no. 3 1988:853-901.

Almond, G.A. & S. Verba, *The Civic Culture: political attitudes and democracy in five nations*, Princeton University Press, Princeton NJ 1963.

Anderson, B., *Imagined Communities: reflections on the origin and spread of nationalism*, Verso, London 2006 (1983).

Ankersmit, F.R., *Aesthetic Politics: political philosophy beyond fact and value*, Stanford University Press, Stanford CA 1996.

Ankersmit, F.R., *Macht door Representatie. Exploraties III: politieke filosofie*, Kok Agora, Kampen & Pelckmans, Kapellen 1997.

Arendt, H., *Vita Activa. De mens: bestaan en bestemming*, Uitgeverij Boom, Amsterdam, 2005 (1958).

Arnoldussen, T., "Precautionary logic and a policy of moderation", in: *Erasmus Law Review*, no. 2 2009:259-285.

Asselt, M.B.A. & E. Vos, "The Precautionary Principle and the Uncertainty Paradox", in: *Journal of Risk Research*, no. 4 2006:313-336.

Atlas, R.I., *21st Century Security and CPTED. Designing for Critical Infrastructure Protection and Crime Prevention*, Taylor & Francis Group, Boca Raton FL 2008.

Baker, T. & J. Simon (eds.), *Embracing Risk. The Changing Culture of Insurance and Responsibility*, University of Chicago Press, Chicago & London 2002.

Baldwin, R., M. Cave & M. Lodge (eds.), *The Oxford Handbook of Regulation*, Oxford University Press, Oxford 2010.

Bannister, F., "The panoptic state: privacy, surveillance and the balance of risk", in: *Information Polity*, no. 10 2005:65-80.

Barion, J., *Grundlinien philosophischer Staatstheorie*, Bouvier, Bonn 1986.

Baudrillard, J., *The Illusion of the End*, Stanford University Press, Stanford 1994 (1992).

Bauman, Z., *Liquid Modernity*, Polity Press, Cambridge 2000.

Baumann, G., *Multiculturalism: critical concepts in sociology. Volume III: Multiculturalism in the public sphere: city and school, markets and media*, Routledge, London 2011.

BBC, *The Power of Nightmares: The Rise of the Politics of Fear*, documentary by Adam Curtis, 2004.

Beccaria, C., *Über Verbrechen und Strafen*, Insel Verlag, Frankfurt am Main 1966 (1764).

Beck, U., *Risikogesellschaft. Auf dem Weg in eine andere Moderne*, Suhrkamp, Frankfurt am Main 1986.

Beck, U., A. Giddens & S. Lash, *Reflexive Modernization. Politics, Tradition and Aesthetics in the Modern Social Order*, Polity Press, Oxford 1994.

Becker, H.S., *Outsiders: studies in the sociology of deviance*, The Free Press, New York 1973 (1963).

Bell, D., *The coming of post-industrial society: a venture in social forecasting*, Basic Books, New York 1976 (1973).

Bekkers, V., G. Dijkstra, A. Edwards & M. Fenger (eds.), *Governance and the Democratic Deficit: Assessing the Democratic Legitimacy of Governance Practices*, Ashgate Publishing, Aldershot 2007.

Bennett, C.J. & C.D. Raab, *The Governance of Privacy. Policy instruments in global perspective*, Ashgate, Aldershot 2003.

Ben-Porath, S.R., *Tough Choices. Structured Paternalism and the Landscape of Choice*, Princeton University Press, Princeton & Oxford, 2010.

Berber, F., *Das Staatsideal im Wandel der Weltgeschichte*, Beck, München 1978.

Berger, P.L. & T. Luckmann, *The social construction of reality. A treatise in the sociology of knowledge*, 1966.

- Berlin, I., *The Roots of Romanticism*, Princeton University Press, Princeton NJ 1999 (1965).
- Berlin, I., *Liberty*, Oxford University Press, Oxford, 2007.
- Bernstein, P.L., *Against the Gods: The Remarkable Story of Risk*, John Wiley & Sons Inc., New York etc., 1998 (1996).
- Beus, J.W. de & J.A.A. van Doorn (eds.), *De Interventiestaat: tradities – ervaringen – reacties*, Uitgeverij Boom, Meppel & Amsterdam 1984.
- Beus, J.W. de & J.A.A. van Doorn (eds.), *De Geconstrueerde Samenleving. Vormen en gevolgen van classificerend beleid*, Uitgeverij Boom, Meppel & Amsterdam 1986.
- Beveridge, W.H., *Social insurance and allied services: report*, HMSO, London 1942.
- Beveridge, W.H., *Full employment in a free society: a report*, Allen & Unwin, London 1944.
- Black, J., *Critical Reflections on Regulation*, London School of Economics and Political Science, London 2002.
- Blokland, H., *Modernization and its Political Consequences. Weber, Mannheim, and Schumpeter*, Yale University Press, New Haven & London 2006 (2001).
- Blumer, H., "What is wrong with Social Theory?", in: *American Sociological Review*, no. 1 1954:3-10.
- Bobbio, N., *Democracy and Dictatorship. The Nature and the Limits of State Power*, Polity Press, Cambridge 1989 (1980).
- Bobbio, N., N. Matteucci & G. Pasquino (eds.), *Dizionario di politica*, UTET, Torino 1983.
- Boot, J.M. & M.H.J.M. Knapen, *De Nederlandse Gezondheidszorg*, Bohn Stafleu van Loghum, Houten 2005.
- Boutellier, H., *De Veiligheidsutopie: hedendaags onbehagen en verlangen rond misdaad en straf*, Boom Juridische Uitgevers, Den Haag 2005 (2002).
- Boutellier, H., *De Improvisatiemaatschappij: over de sociale ordening van een onbegrensde wereld*, Boom/Lemma, Den Haag 2011.
- Bovens, M.A.P., W. Derksen & W.J. Witteveen (eds.), *Rechtsstaat en Sturing*, W.E.J. Tjeenk Willink, Zwolle 1987.

Bovens, M.A.P., *Verantwoordelijkheid en organisatie. Beschouwingen over aansprakelijkheid, institutioneel burgerschap en ambtelijke ongehoorzaamheid*, W.E.J. Tjeenk Willink, Zwolle 1990.

Braithwaite, J., "The New Regulatory State and the Transformation of Criminology", in: *British Journal of Criminology*, no. 2 2000:222-238.

Brink, G. van den, *Schets van een beschavingsoffensief: over normen, normaliteit en normalisatie in Nederland*, Amsterdam University Press, Amsterdam 2004.

Brink, G. van den, *Van waarheid naar veiligheid: twee lessen voor een door angst bevangen burgerij*, SUN, Amsterdam 2006.

Brizée, R., "Onrustgevoelens in Nederland: een analyse van 25 jaar Tweede-Kamerdebatten over criminaliteit in Nederland (1960-1984)", in: *Tijdschrift voor Criminologie*, no. 4 1985:177-188.

Brouwer, J.G. & A.E. Schilder, "Wijken voor orde: over nieuwe geboden en verboden", in: *RegelMaat*, no. 3 2008:88-101.

Bruce, M., *The Coming of the Welfare State*, Batsford, London 1968.

Bryant, A. & K. Charmaz, *The Sage Handbook of Grounded Theory*, Sage, London 2007.

Burchell, G., C. Gordon & P. Miller (eds.), *The Foucault Effect. Studies in Governmentality, with two lectures by and an interview with Michel Foucault*, The University of Chicago Press, Chicago 1991.

Burke, E., *Reflections on the Revolution in France*, Oxford University Press, Oxford 1999 (1790).

Burkens, M.C., H.R.B.M. Kummeling, B.P. Vermeulen & R.J.G.M. Widdershoven, *Beginnelsen van de democratische rechtsstaat: inleiding tot de grondslagen van het Nederlandse staats- en bestuursrecht*, W.E.J. Tjeenk Willink, Deventer 1997.

Buruma, Y., *100 jaar strafrecht: klassieke teksten van de twintigste eeuw*, Amsterdam University Press, Amsterdam 1999.

Carr, E.H., *The new society*, MacMillan, London 1951.

Castells, M., *The rise of the network society*, Blackwell Publishers, Cambridge MA 1996.

Charmaz, K., *Constructing Grounded Theory: a practical guide through qualitative analysis*, Sage, London 2006.

Christophe, P.W.G.M. & L.J. Clement, *Wie het kleine niet weert... Bestuurlijke maatregelen ter bestrijding van veel voorkomende criminaliteit*, Ministerie van Binnenlandse Zaken, Den Haag 1988.

Cloward, R.A. & E.L. Ohlin, *Delinquency and Opportunity: a theory of delinquent gangs*, Routledge & K. Paul, London 1961 (1960).

Cohen, M.D., J.G. March & J.P. Olsen, "A Garbage Can Theory of Organizational Choice", in: *Administrative Science Quarterly*, no. 1 1972:1-25.

Coser, L.A., *Gulzige instituties: patronen van absolute toewijding*, Van Loghum Slaterus, Deventer 1978 (1974).

Couwenberg, S.W., *De omstreden staat: ontwikkeling en problematiek van de staatstheorie in de 20^e eeuw*, Samsom, Alphen aan den Rijn 1974.

Crawford, A., "'Contractual Governance' of Deviant Behaviour", in: *Journal of Law and Society*, no. 4 2003:479-505.

Crawford, A. (ed.), *Crime prevention policies in comparative perspective*, Willan Publishing, Cullompton 2009.

Daily Telegraph, the (DT), "Urgent nationwide review ordered after toddler's brutal death", 11-11-2008a, <http://www.telegraph.co.uk/news/uknews/3442200/Urgent-nationwide-review-ordered-after-toddlers-brutal-death.html> (consulted d.d. 16-11-2011).

Daily Telegraph, the (DT), "Abused toddler visited 60 times by care workers before his death", 11-11-2008b, <http://www.telegraph.co.uk/news/uknews/3441598/Abused-toddler-visited-60-times-by-care-workers-before-his-death.html> (consulted d.d. 16-11-2011).

Daily Telegraph, the (DT), "Child abuse case: Haringey must be held accountable, says minister", 12-11-2008a, <http://www.telegraph.co.uk/news/uknews/3445114/Child-abuse-case-Haringey-must-be-held-accountable-says-minister.html> (consulted d.d. 16-11-2011).

Daily Telegraph, the (DT), "Baby P case: Council chief under pressure to quit 'concerning' double role", 12-11-2008b, <http://www.telegraph.co.uk/family/3447098/Baby-P-case-Council-chief-under-pressure-to-quit-concerning-double-role.html> (consulted d.d. 16-11-2011).

Daily Telegraph, the (DT), "Baby P childminder: 'I told social services but nothing was done'", 14-11-2008a, <http://www.telegraph.co.uk/news/uknews/3457493/Baby-P-childminder-I-told-social-services-but-nothing-was-done.html> (consulted d.d. 16-11-2011).

Daily Telegraph, the (DT), "Baby P: Ministers were warned babies were at risk", 14-11-2008b, <http://www.telegraph.co.uk/news/uknews/3455597/Baby-P-Ministers-were-warned-babies-were-at-risk.html> (consulted d.d. 16-11-2011).

Daily Telegraph, the (DT), "Inspectors criticised 'child protection concerns' in Haringey before Baby P's death", 14-11-2008c, <http://www.telegraph.co.uk/news/uknews/3460181/Inspectors-criticised-child-protection-concerns-in-Haringey-before-Baby-Ps-death.html> (consulted d.d. 16-11-2011).

Daily Telegraph, the (DT), "Baby P: Ed Balls says Government reforms cannot 'make good the evil' he suffered", 18-11-2008, <http://www.telegraph.co.uk/news/majornews/3476710/Baby-P-Ed-Balls-says-Government-reforms-cannot-make-good-the-evil-he-suffered.html> (consulted d.d. 16-11-2011).

Daily Telegraph, the (DT), "Five point plan to help social workers after death of Baby P", 26-11-2008, <http://www.telegraph.co.uk/news/uknews/baby-p/3526103/Five-point-plan-to-help-social-workers-after-death-of-Baby-P.html> (consulted d.d. 16-11-2011).

Daily Telegraph, the (DT), "Government to reform social services after Baby P case", 6-12-2008, <http://www.telegraph.co.uk/news/uknews/baby-p/3630234/Government-to-reform-social-services-after-Baby-P-case.html> (consulted d.d. 16-11-2011).

Dam, C. van, M. Ploegmakers, J. de Smet, P. Wiebes en I. Wisselink (eds.), *Zicht op zorg en welzijn: beleid en voorzieningen*, NIZW, Utrecht 2000.

Dam, C.L. van & P.E. Wiebes, *Aandacht voor welzijn: inhoud, omvang en betekenis van de welzijnssector*, SCP & NIZW, Den Haag 2005.

d'Antrèves, A.P., *The notion of the state. An introduction to political theory*, Clarendon Press, Oxford 1967.

Davidson, A.I. (ed.), *Foucault and his Interlocutors*, University of Chicago Press, Chicago 1997.

Dean, M., "Governing Society. The story of two monsters", in: *Journal of Cultural Economy*, vol. 1, no. 1 2008:25-38.

Dean, M., *Governmentality. Power and Rule in Modern Society*, Sage Publications, London 1999.

Dean, M., *Governing Societies. Political Perspectives on Domestic and International Rule*, Open University Press, Maidenhead 2007.

Denninger, E., *Der gebändigte Leviathan*, Nomos, Baden-Baden 1990.

Dewey, J., *The public and its problems*, Swallow Press, Athens 1954 (1927).

Dicey, A.V., *Introduction to the Study of the Law of the Constitution*, MacMillan, London 1959 (1885).

Dierkes, M., S. Edwards & R. Coppock (eds.), *Technological Risk: Its Perception and Handling in the European Community*, Oelgeschlager, Gunn & Hain, Cambridge MA 1980.

Dijk, J. van, *The World of Crime. Breaking the Silence on Problems of Security, Justice, and Development Across the World*, Sage Publications, Thousand Oaks 2008.

Dijk, J. van, I. Sagel-Grande & L. Toornvliet, *Actuele criminologie*, Sdu Uitgevers, Den Haag 2009.

Donzelot, J., *L'invention du social: essai sur le déclin des passions politiques*, Fayard, Paris 1984.

Doorn, J.A.A. van, *Nederlandse democratie: historische en sociologische waarnemingen*, Mets & Schilt, Amsterdam 2009.

Douglas, M., *Purity and Danger: an analysis of concepts of pollution and taboo*, Routledge, London 2002 (1966).

Douglas, M., *Natural Symbols. Explorations in cosmology*, Barrie & Jenkins, London 1973 (1970).

Douglas, M. & A. Wildavsky, *Risk and Culture. An essay on the selection of technical and environmental dangers*, University of California Press, Berkeley 1983 (1982).

Douglas, M., *How Institutions Think*, Syracuse University Press, Syracuse NY 1986.

Douglas, M., *Risk and Blame. Essays in Cultural Theory*, Routledge, London 2005 (1992).

Downs, A., *An Economic Theory of Democracy*, Harper & Row, New York 1957.

Downs, A., "Up and Down with Ecology: The Issue-Attention Cycle", in: *Public Interest*, summer 1972:38-50.

Drosterij, G. & R. Peeters, "De nieuwe burgerlijkheid: participatie als conformerende zelfredzaamheid", in: *B&M*, no. 4 2011:85-101.

Duijn, M., *Embedded Reflection on Public Policy Innovation. A relativist/pragmatist inquiry into the practice of innovation and knowledge transfer in the WaterINNovation program*, Eburon, Delft 2009.

Dunleavy, P. & B. O'Leary, *Theories of the State: the politics of liberal democracy*, MacMillan, Basingstoke 1987.

Durkheim, E., *The division of labor in society*, Free Press, New York 1997 (1893).

Durkheim, E., *Suicide: a study in sociology*, Free Press, New York 1966 (1897).

Duyvendak, J.W. & M. Hurenkamp, *Kiezen voor de kudde: lichte gemeenschappen en de nieuwe meerderheid*, Van Gennep, Amsterdam 2004.

Easton, D., *The political system. An inquiry into the state of political science*, University of Chicago Press, Chicago 1981 (1953).

Easton, D., "The political system besieged by the state", in: *Political Theory*, no. 3 1981:303-325.

Edelman, M., *Political Language: words that succeed and policies that fail*, Academic Press, New York 1977.

Eeten, M.J.G. van, *Dialogues of the Deaf. Defining New Agendas for Environmental Deadlocks*, Eburon, Delft 1999.

Eeten, M.J.G. van, *Techniek van de onmacht. Fatalisme in politiek en technologie*, NSOB, Den Haag 2010.

Engelen, E., A. Hemerijck & W. Trommel (eds.), *Van sociale bescherming naar sociale investering*, Lemma, Den Haag 2007.

Eisenberg, L., "Disease and Illness: Distinctions Between Professional and Popular Ideas of Sickness", in: *Culture, Medicine and Psychiatry*, no. 1 1977:9-23.

Eisenhardt, K.M., "Building Theories from Case Study Research", in: *Academy of Management Review*, no. 4 1989:532-550.

Elchardus, M., *De Dramademocratie*, Lannoo, Tielt 2002.

Elias, N., *Über den Prozeß der Zivilisation: soziogenetische und psychogenetische Untersuchungen*, Francke, Bern 1969 (1939).

Ericson, R.V. & A. Doyle (eds.), *Risk and Morality*, University of Toronto Press, Toronto 2003.

Etzioni, A., *The new golden rule: community and morality in a democratic society*, Basic Books, New York 1996.

Eysenck, H.J., *Crime and Personality*, Routledge & K. Paul, London 1965 (1964).

Ferguson, A., *An Essay on the History of Civil Society*, A. Millar et.al., London 1768 (1767).

Festinger, L., *A theory of cognitive dissonance*, Stanford University Press, Stanford CA 1957.

Fincham, R. & P. Rhodes, *Principles of Organizational Behaviour*, Oxford University Press, Oxford 2005.

Finer, S.E., *The History of Government from the Earliest Times* (3 vols.), Oxford University Press, Oxford 1997.

Fischer, F. & J. Forester (eds.), *The argumentative turn in policy analysis and planning*, Duke University Press, Durham NC 1993.

Fontana, B., *Benjamin Constant. Political Writings*, Cambridge University Press, Cambridge 2007.

Foucault, M., *Madness and Civilization. A history of insanity in the age of reason*, Routledge, London 2001 (1961).

Foucault, M., *The Birth of the Clinic. An Archaeology of Medical Perception*, Vintage Books, New York 1994 (1963).

Foucault, M., *The Archeology of Knowledge*, Tavistock Publications, London 1972 (1969).

Foucault, M., *Discipline and Punish. The birth of the prison*, Vintage, New York 1979 (1975).

Foucault, M., *Discipline, Toezicht en Straf. De Geboorte van de Gevangenis*, Historische Uitgeverij, Groningen 2007 (1975).

Foucault, M., *The Will to Knowledge. The History of Sexuality; volume 1*, Penguin Books, London 1998 (1976).

Foucault, M., *Power/Knowledge: Selected Interviews & Other Writings 1972-1977*, Pantheon Books, New York 1980.

Foucault, M., *The Care of the Self. The History of Sexuality; volume 3*, Vintage Books, New York 1988 (1984).

Foucault, M., *"Society must be defended". Lectures at the Collège de France 1975-1976*, St. Martin's Press, New York 2003 (1997).

Foucault, M., *Security, Territory, Population. Lectures at the Collège de France 1977-1978*, Picador, New York 2007 (2004).

Franken, A., M. de Langen & M. Moerings (eds.), *Constante Waarden: liber amicorum prof. mr. Constantijn Kelk*, Boom Juridische Uitgevers, Den Haag 2008.

Franken, H., P.W. Brouwer, P.B. Cliteur & M.M.A. Loth, *InLeiden tot de Rechtswetenschap*, Gouda Quint, Deventer 1999.

Freeden, M., *The new liberalism: an ideology of social reform*, Clarendon Press, Oxford 1978.

Friedman, T.L., *The world is flat: a brief history of the twenty-first century*, Farrar, Straus & Giroux, New York 2005.

Frissen P.H.A., A.W. Koers & I.T.M. Snellen, *Orwell of Athene? Democratie en informatiesamenleving*, Sdu, Den Haag 1992.

Frissen, P.H.A., *De virtuele staat*, Academic Service, Schoonhoven 1996.

Frissen, P.H.A., *De lege staat*, Uitgeverij Nieuwezijds, Amsterdam 1999.

Frissen, P.H.A., *De Staat van Verschil: een kritiek van de gelijkheid*, Van Gennep, Amsterdam 2007.

Frissen, P.H.A., *Gevaar Verplicht. Over de noodzaak van aristocratische politiek*, Van Gennep, Amsterdam 2009.

Frissen, V. c.s., *Naar een 'User Generated State'? De impact van nieuwe media voor overheid en openbaar bestuur*, TNO, Delft 2008.

Furedi, F., *Cultuur van Angst*, Meulenhoff, Amsterdam 2007 (1997).

Gamson, W.A., D. Croteau, W. Hoynes & T. Sasson, "Media Images and the Social Construction of Reality", in: *Annual Review of Sociology*, vol. 18 1992:373-393.

Garland, D., *Punishment and Modern Society. A study in social theory*, University of Chicago Press, Chicago 1993 (1990).

Garland, D., *The Culture of Control. Crime and Social Order in Contemporary Society*, Oxford University Press, Oxford 2006 (2001).

Geelhoed, L.A., *De interveniërende staat. Aanzet voor een instrumentenleer*, Staatsuitgeverij, Den Haag 1983.

Gelfand, S.D., "The Ethics of Care and (Capital?) Punishment", in: *Law and Philosophy*, vol. 23 (2004): 593-614.

Gerring, J., *Case Study Research. Principles and Practices*, Cambridge University Press, Cambridge 2007.

Gibson, M., *Born to Crime: Cesare Lombroso and the Origins of Biological Criminology*, Praeger Publishers, Westport 2002.

Giddens, A., *Modernity and Self Identity*, Polity Press, Cambridge 1991.

Giddens, A., *Conversations with Anthony Giddens: making sense of modernity*, Stanford University Press, Stanford 1998.

Giddens, A., *The Third Way: The renewal of Social Democracy*, Polity Press, Cambridge 1998.

Giddens, A., *The Consequences of Modernity*, Polity Press, Cambridge 2009 (1990).

Gilbert, N., *Transformations of the Welfare State*, Oxford University Press, Oxford 2002.

Girard, R., *De Zondebok*, Kok Agora, Kampen 1993 (1982).

Glaser, B.G. & A.L. Strauss, *The Discovery of Grounded Theory: strategies for qualitative research*, Aldine, Chicago 1967.

Goethe, J.W., *Die Wahlverwandtschaften: ein Roman*, Insel Verlag, Frankfurt am Main & Leipzig 1972 (1809).

Goffman, E., *Asylums. Essays on the Social Situation of Mental Patients and Other Inmates*, Anchor Books, New York 1961.

Goffman, E., *Frame Analysis: an essay on the organization of experience*, Penguin, Harmondsworth 1975 (1974).

Gollier, C. & N. Treich, "Decision-Making under Scientific Uncertainty: The Economics of the Precautionary Principle", in: *Journal of Risk and Uncertainty*, no. 1 2003:77-103.

Graaf, H. van der & R. Hoppe, *Beleid en politiek. Een inleiding tot de beleidswetenschap en de beleidskunde*, Coutinho, Bussum 2007 (1989).

Grass, G., *Der Butt*, Deutscher Taschenbuch Verlag, München 2007 (1977).

Green, T.H., *Prolegomena to Ethics*, Oxford University Press, Oxford 2003 (1883).

Gribnau, J.L.M., *Soevereiniteit en legitimiteit: grenzen aan (fiscale) regelgeving*, Sdu Uitgevers, Amersfoort 2009.

Gunsteren, H. van & E. Van Ruyven, "De Ongekende Samenleving (DOS), een verkenning", in: *Beleid en Maatschappij*, no. 3 1993:114-125.

Gunsteren, H.R. van, *The Quest of Control: a critique of the rational-central-rule approach in public affairs*, John Wiley & Sons, New York 1976.

Gunsteren, H.R. van, *A Theory of Citizenship. Organizing Plurality in Contemporary Democracies*, Westview Press, Boulder & Oxford 1998.

Gunsteren, H. van, "De Preventiestaat", in: *Res Publica*, no. 4 2008:445-461.

Haan, I. de & J.W. Duyvendak (eds.), *In het hart van de verzorgingsstaat: het Ministerie van Maatschappelijk Werk en zijn opvolgers (CRM, WVC, VWS), 1952-2002*, Walburg Pers, Zutphen 2002.

Haan, W.J.M. de, *Evaluatie Integraal Veiligheidsbeleid. Een verkennende studie in Amsterdam en Rotterdam*, SCP, Den Haag 1997.

Habermas, J., *Strukturwandel der Öffentlichkeit. Untersuchungen zu einer Kategorie der bürgerlichen Gesellschaft*, Suhrkamp Verlag, Frankfurt am Main 1990 (1962).

Habermas, J., *The Theory of Communicative Action. Volume I: Reason and the Rationalization of Society*, Polity Press, Cambridge 2004 (1981a).

Habermas, J., *The Theory of Communicative Action. Volume II: Lifeworld and system: a critique of functionalist reason*, Polity Press, Cambridge 1987 (1981b).

Hajer, M. "Policy without polity? Policy analysis and the institutional void", in: *Policy Sciences*, vol. 36 2003:175-195.

Hajer, M. & H. Wagenaar (eds.), *Deliberative Policy Analysis: Understanding Governance in the Network Society*, Cambridge University Press, Cambridge 2003.

Hamilton, A., J. Madison & J. Jay, *The Federalist Papers: a collection of essays written in support of the Constitution of the United States*, Doubleday, Garden City 1966 (1787/1788).

Harremoës, P., S. Guedes Vaz & D. Gee, *Late Lessons from Early Warnings: the precautionary principle 1896-2000*, Office for Official Publications of the European Communities, Luxembourg 2001.

Harris, J.R., *The Nurture Assumption: why children turn out the way they do*, Touchstone, New York 1998.

Hart, A.C. 't, *Mensenwerk? Over rechtsbegrip en mensbeeld in het strafrecht van de democratische rechtsstaat*, Koninklijke Nederlandse Akademie van Wetenschappen, Amsterdam 1995.

Hart, H.L.A., *Punishment and Responsibility: Essays in the Philosophy of Law*, Clarendon Press, Oxford 1968.

Hayek, F.A., *The Road to Serfdom*, Routledge & Kegan Paul, London 1976 (1944).

Hayek, F.A., *The Constitution of Liberty*, Routledge, London 2006 (1960).

Hayek, F.A., *Law, Legislation, and Liberty: a new statement of the liberal principles of justice and political economy*, 3 vols., University of Chicago Press, Chicago 1973-1979.

Hegel, G.W.F., *Grundlinien der Philosophie des Rechts*, Meiner, Hamburg 1995 (1821).

Heidegger, M., *Zijn en Tijd*, SUN, Nijmegen 1998 (1927).

Heller, H., *Staatslehre*, J.C.B. Mohr (Paul Siebeck), Tübingen, 1983 (1934).

Hengel, M. van, *Privé; hoezo privé? Het privéleven ingeklemd tussen vrijheid, dwang en aanpassing*, NIVON, Amsterdam 1993.

Hesse, H., *Der Steppenwolf*, Suhrkamp Verlag, Frankfurt am Main 1999 (1927).

Heuvel, J.H.J. van den, *Beleidsinstrumentatie. Sturingsinstrumenten voor het overheidsbeleid*, Uitgeverij Lemma, Utrecht 2005.

Hirsch Ballin, M.F.H., *Anticipative Criminal Investigation. Theory and Counterterrorism Practice in the Netherlands and the United States*, T.M.C. Asser Press, Den Haag 2012.

Hobbes, T., *De Cive: Philosophicall rudiments concerning government and society*, Clarendon Press, Oxford 1983 (1651).

Hobbes, T., *Leviathan*, Penguin Books, London 1985 (1651).

Hoeven, J. van der, *De plaats van de grondwet in het constitutionele recht*, Tjeenk Willink, Zwolle 1988 (1958).

Hofstede, G., *Culture's Consequences: comparing values, behaviors, institutions, and organizations across nations*, Sage, Thousand Oaks 2001 (1980).

Hood, C.C., *The Tools of Government*, MacMillan, London & Basingstoke 1983.

Hoogerwerf, A., "Beleid berust op veronderstellingen: de beleidstheorie", in: *Acta Politica*, no. 4 1984:493-531.

Hoogerwerf, A., "De beleidstheorie uit de beleidspraktijk: een tussenbalans", in: *Beleidswetenschap*, no. 4 1989:320-341.

Hoogerwerf, A. & M. Herweijer (eds.), *Overheidsbeleid. Een inleiding in de beleidwetenschap*, Kluwer, Alphen aan den Rijn 2003.

Horkheimer, M. & T.W. Adorno, *Dialectiek van de Verlichting. Filosofische Fragmenten*, Boom, Amsterdam 2007 (1944).

Hortulanus, R.P., P.P.N. Liem & A.M.M. Sprinkhuizen, *Domeinen van welzijn. Welzijnsbeleving en welzijnsbeleid in de jaren '90*, VUGA Uitgeverij, Den Haag 1997 (1992).

Howe, R.H., "Max Weber's Elective Affinities: Sociology Within the Bounds of Pure Reason", in: *The American Journal of Sociology*, vol. 2 1978:366-385.

Huisman, W., L.M. Moerings & G. Suurmond (eds.), *Veiligheid en recht. Nieuwe doelwitten en strategieën*, Boom Juridische Uitgevers, Den Haag 2006.

Humboldt, W. von, *Ideen zu einem Versuch, die Grenzen der Wirksamkeit des Staats zu bestimmen*, Reclam, Ditzingen 2006 (1792).

Hunt, A., *Governing Morals. A Social History of Moral Regulation*, Cambridge University Press, Cambridge 2009 (1999).

Huster, S. & K. Rudolph (eds.), *Vom Rechtsstaat zum Präventionsstaat*, Shurkamp Verlag, Frankfurt am Main 2008.

Interdepartementaal Beleidsonderzoek (IBO), *Gezond gedrag bevorderd. Eindrapportage van de werkgroep IBO preventie*, 2007; <http://www.rijksoverheid.nl/documenten-en-publicaties/kamerstukken/2007/09/24/gezond-gedrag-bevorderd-eindrapport-van-de-werkgroep-ibo-preventie.html> (consulted d.d. 5-10-2011).

Inglis, D. & J. Bone, *Social Stratification: critical concepts in sociology*, Routledge, London 2006.

Janis, I., *Victims of Groupthink: A Psychological Study of Foreign-Policy Decisions and Fiascoes*, Houghton Mifflin, Boston 1972.

Jeffrey, C.R., *Crime Prevention Through Environmental Design*, Sage Publications, Beverley Hills CA 1971.

Jellinek, G., *System der subjektiven öffentlichen Rechte*, Scientia Verlag, Aalen 1964 (1892).

Jellinek, G., *Die Erklärung der Menschen- und Bürgerrechte: ein Beitrag zur modernen Verfassungsgeschichte*, Wissenschaftlicher Verlag, Schutterwald/Baden 1996 (1895).

Jellinek, G., *Allgemeine Staatslehre*, Athenäum, Kronberg 1976 (1900).

Jessop, B., *State Theory: putting the capitalist state in its place*, Polity Press, Cambridge 1990.

Jessop, B., "From micro-powers to governmentality: Foucault's work on statehood, state formation, statecraft and state power", in: *Political Geography*, vol. 26 2007:34-40.

Kafka, F., *Der Prozeß*, Aufbau Verlagsgruppe, Berlin 2008 (1925).

Kant, I., *Beantwortung der Frage: was ist Aufklärung*, 1784; at Project Gutenberg: <http://www.gutenberg.org/files/30821/30821-h/30821-h.htm> (consulted d.d. 18-3-2010).

Kant, I., *Kritik der praktischen Vernunft*, Meiner, Hamburg 2003 (1788).

Kant, I., *Naar de eeuwige vrede: een filosofisch ontwerp*, Boom, Amsterdam 2004 (1795).

Kasperson, R.E., O. Renn, P. Slovic, H.S. Brown, J. Emel, R. Goble, J.X. Kasperson & S. Ratick, "The Social Amplification of Risk: A Conceptual Framework", in: *Risk Analysis*, no. 2 1988:177-187.

Kaufman, H., *The Forest Ranger: a study in administrative behavior*, Resources for the Future, Washington DC 2006 (1960).

Keller, K. (ed.), *Encyclopedia of Obesity*, Sage, Thousand Oaks 2008.

Kelling, G.L. & J.Q. Wilson, "Broken Windows", in: *The Atlantic*, March 1982.

Kemshall, H., *Risk, social policy and welfare*, Open University Press, Buckingham & Philadelphia 2002.

Kemshall, H., *Understanding risk in criminal justice*, Open University Press, Maidenhead 2003.

Kingdon, J.W., *Agendas, alternatives, and public policies*, Longman, New York 2002 (1984).

Kjaer, A.M., *Governance*, Polity Press, Cambridge 2004.

Kleinman, A., L. Eisenberg & B. Good, "Culture, Illness, and Care: Clinical Lessons From Anthropologic and Cross-Cultural Research", in: *Focus: The Journal of Lifelong Learning in Psychiatry*, no. 1 2006:140-149 (reprint 1978).

Kloek, J. & K. Tilmans (eds.), *Burger. Een geschiedenis van het begrip 'burger' in de Nederlanden van de Middeleeuwen tot de 21^{ste} eeuw*, Amsterdam University Press, Amsterdam 2002.

Knight, F.H., *Risk, Uncertainty, and Profit*, Houghton Mifflin, Chicago 1921.

Koenraadt, F. (ed.), *Ziek of schuldig? Twee eeuwen forensische psychiatrie en psychologie*, Gouda Quint, Arnhem & Rodopi, Amsterdam 1991.

Koenraadt, F. (ed.), *Behandelen of straffen? Gestoorden, verslaafden en jeugdigen*, Gouda Quint, Arnhem 1994.

Koenraadt, F., C. Kelk & J. Vijselaar (eds.), *Tussen behandeling en straf. Rechtsbescherming en veiligheid in de twintigste eeuw*. Kluwer, Deventer 2007.

Koger, S.M. & D.D.N. Winter, *The Psychology of Environmental Problems. Psychology for Sustainability*, Psychology Press, New York & London 2010 (3rd edition).

Koops, B.-J. & A. Vedder, *Opsporing versus privacy: de beleving van burgers*, Sdu Uitgevers, Den Haag 2001.

Kort, M. de, *Tussen patiënt en delinquent. Geschiedenis van het Nederlandse drugsbeleid*, Uitgeverij Verloren, Hilversum 1995.

Kossmann, E.H., *Politieke theorie en geschiedenis: verspreide voordrachten en opstellen*, Uitgeverij Bakker, Amsterdam 1987 (second edition).

Krasmann, S., "The enemy on the border: critique of a programme in favour of a preventive state", in: *Punishment & Society*, no. 3 2007:301-318.

Krimsky S. & D. Golding (eds.), *Social Theories of Risk*, Praeger, Westport 1992.

Lacan, J., *The Seminars of Jacques Lacan. Book 1: Freud's papers on technique, 1953-1954*, Cambridge University Press, Cambridge 1988.

Lakoff, G. & M. Johnson, *Metaphors we live by*, University of Chicago Press, Chicago 2003 (1980).

Lakoff, G., *Moral Politics. How Liberals and Conservatives Think*, University of Chicago Press, Chicago 2002 (1996).

Lakoff, G., *Don't think of an elephant! Know your values and frame the debate*, Chelsea Green Publishing, White River Junction 2004.

Kruiter, A.J., *Mild despotisme: democratie en verzorgingsstaat door de ogen van Alexis de Tocqueville*, Van Gennep, Amsterdam 2010.

Lakatos, I., *The Methodology of Scientific Research Programmes*, Cambridge University Press, Cambridge 1978.

Lamé, J., *Spookrijders in de zorg. Pleidooi voor een gezondheidszorg zonder meldplicht, privacyschending, afbraak van instituties en zonder megalomane systemen*, Eburon, Delft 2011.

Lassalle, F., *Das Arbeiterprogramm. Über den besonderen Zusammenhang der gegenwärtigen Geschichtsperiode mit der Idee des Arbeiterstandes*, Berlin 1862 (quotation in text found at <http://de.wikipedia.org/wiki/Nachtw%C3%A4chterstaat> d.d. 27-5-2010).

Lasswell, H.D., *Politics: who gets what, when, how*, McGraw-Hill, New York 1936.

Latour, B., *Wij zijn nooit modern geweest: pleidooi voor een symmetrische antropologie*, Van Gennep, Amsterdam 1994 (1991).

Lawrence, P.R. & J.W. Lorsch, "Differentiation and Integration in Complex Organizations", in: *Administrative Science Quarterly*, no. 1 1967:1-47.

Leeuw, F.L., *Gedragmechanismen achter overheidsinterventies en rechtsregels*, lecture Maastricht University, Maastricht 2008.

Lefort, C., *The Political Forms of Modern Society: Bureaucracy, Democracy, Totalitarianism*, The MIT Press, Cambridge MA 1986.

Leibfried, S. & S. Mau, *Welfare states: construction, deconstruction, reconstruction*, Edward Elgar, Cheltenham 2008.

Lipsky, M., *Street-level Bureaucracy. Dilemmas of the individual in public services*, Russell Sage, New York 1980.

Lloyd, J., *What the Media Do to our Politics*, Constable, London 2004.

Locke, J., *Two Treatises of Government*, Cambridge University Press, Cambridge 2003 (1689).

Loughlin, M., "In Defence of Staatslehre", in: *Der Staat* 48, no. 1 2009:1-28.

Lovejoy, A.O., *The Great Chain of Being: a Study in the History of an Idea*, Harvard University Press, Cambridge MA 1964 (1936).

Luhmann, N., *Soziale Systeme. Grundriß einer allgemeinen Theorie*, Suhrkamp, Frankfurt am Main 1984.

Lyon, D., *Surveillance society: monitoring everyday life*, Open University Press, Buckingham 2001.

Lyon, D., *Surveillance Studies: an overview*, Polity Press, Cambridge 2007.

Liotard, J.-F., *Het postmoderne weten: een verslag*, Kok Agora, Kampen 1987 (1979).

Lijphart, A., *The Politics of Accommodation: Pluralism and Democracy in the Netherlands*, University of California Press, Berkeley 1968.

Maarseveen, H.Th.J.F. van, *Politiek recht, opvolger van het staatsrecht*, Kluwer, Deventer 1971.

Machiavelli, N., *De heerser*, Athenaeum – Polak & Van Gennep, Amsterdam 1998 (1513).

Maier, C.S. (ed.), *Changing Boundaries of the Political. Essays on the evolving balance between the state and society, public and private in Europe*, Cambridge University Press, Cambridge 1994 (1987).

Majone, G., "The rise of the regulatory state in Europe", in: *West European Politics*, no. 3 1994:77-101.

Majone, G., "From the positive to the regulatory state: causes and consequences of changes in the mode of governance", in: *Journal of Public Policy*, no. 2 1997:139-167.

Mackenbach, J.P. & P.J. van der Maas (eds.), *Volksgezondheid en gezondheidszorg*, Elsevier, Maarssen 2008.

Mackenbach, J.P. (ed.), *Successen van preventive 1970-2010*, Erasmus Publishing, Rotterdam 2011.

Mandeville, B. de, *Fable of the Bees; or, private vices, publick benefits*, Oxford University Press, London 1957 (1714).

Mann, T., *De Toverberg*, Uitgeverij De Arbeiderspers, Amsterdam & Antwerpen 2007 (1924).

March, J.G. & J.P. Olsen, *Rediscovering Institutions. The organizational basis of politics*, New York 1989.

March, J.G., *A Primer on Decision Making. How decisions happen*, New York 1994.

Marshall, T.H., *Citizenship and social class, and other essays*, Cambridge University Press, Cambridge 1950.

Marvasti, A.B., *Qualitative Research in Sociology*, Sage, London 2004.

Marx, K. & F. Engels, *Manifest der Kommunistischen Partei*, Dietz, Berlin 1959 (1848).

McLennan, G., D. Held & S. Hall, *The idea of the modern state*, Open University Press, Milton Keynes, 1984.

McLuhan, M., *Understanding Media: The Extensions of Man*, Routledge, London & New York 2001 (1964).

Meinecke, F., *Die Idee der Staatsräson in der neueren Geschichte*, R. Oldenbourg Verlag, München 1976 (1924).

Merton, R.K., *Social Theory and Social Structure*, The Free Press, Glencoe 1957 (1949).

Middelaar, L. van, *De passage naar Europa. Geschiedenis van een begin*, Historische Uitgeverij, Groningen 2009.

Mill, J.S., *On Liberty*, Dover Publications, Mineola NY 2002 (1859).

Mill, J.S., *Considerations on Representative Government*, Cosimo, New York 2008 (1861).

Mills, C.W., *The Power Elite*, Oxford University Press, London 1956.

- Mintzberg, H., *Organisatiestructuren*, Academic Service, Schoonhoven 2000 (1983).
- Morgan, G., *Beelden van Organisatie*, Scriptum, Schiedam 1992 (1986).
- Mosca, G., *The Ruling Class*, McGraw-Hill, New York 1939 (1896).
- Mouffe, C., *On the political*, Routledge, London 2005.
- Mudde, C., "The Populist Zeitgeist", in: *Government and Opposition*, no. 4 2009:542-563.
- Mul, J. de, *De domesticatie van het noodlot. De wedergeboorte van de tragedie uit de geest van de technologie*, Uitgeverij Klement, Kampen 2006.
- Muller, E.R. (ed.), *Veiligheid: studies over inhoud, organisatie en maatregelen*, Kluwer, Alphen aan den Rijn 2004.
- Muller, E.R., c.s. (eds.), *Recht, bestuur en veiligheid. Bestuursrechtelijke bevoegdheden voor openbare ordehandhaving en terrorismebestrijding*, Boom Lemma, Den Haag 2008.
- Müller, W.C. & V. Wright (eds.), *The State in Western Europe: Retreat or Redefinition?*, Frank Cass & Co. Ltd., Ilford 1994.
- Myrdal, G., *Beyond the welfare state: economic planning in the welfare state and its international implications*, Duckworth, London 1960.
- Nelson, T.D. (ed.), *Handbook of prejudice, stereotyping and discrimination*, Psychology Press, New York 2009.
- Neumann, F.L., *The Rule of Law: Political Theory and the Legal System in Modern Society*, Berg, Leamington Spa 1986 (1936).
- Newman, O., *Defensible Space: Crime Prevention Through Urban Design*, MacMillan, New York 1972.
- NGB (Nederlands Genootschap van Burgemeesters), *Zakboek Openbare Orde en Veiligheid*, NGB, Den Haag 2010.
- Nietzsche, F., *Also sprach Zarathustra: ein Buch für alle und keinen*, Reclam, Stuttgart 1975 (1883-1885).
- Niskanen, W.A., *Reagonomics: an insider's account of the policies and the people*, Oxford University Press, Oxford 1988.
- Niskanen, W.A., *Bureaucracy and Public Economics*, Edward Elgar, Cheltenham 1994.

Noordegraaf, M., "Wat zit er in het koffertje? Het verschil tussen onzekerheid en ambiguïteit", in: *M&O*, 1999:45-58.

Noordegraaf, M., *Attention! Work and Behavior of Public Managers amidst Ambiguity*, Eburon, Delft 2000.

Nordlinger, E.A., *On the autonomy of the democratic state*, Harvard University Press, Cambridge MA 1981.

NRC Handelsblad, "Experts zaaien paniek op tv en nu is er teveel griepvaccin", 28-9-2009, <http://archieff.nrc.nl/index.php/2009/September/28/Overig/06/Experts+zaaien+paniek+op+tv+en+nu+is+er+te+veel+griepvaccin/check=Y> (consulted d.d. 14-9-2011).

NRC Handelsblad, "Aanslag op vlucht Schiphol-Detroit mislukt", 26-12-2009, http://vorige.nrc.nl/binnenland/article2445884.ece/Aanslag_op_vlucht_Schiphol_-_Detroit_mislukt (consulted d.d. 6-7-2011).

NRC Handelsblad, "Had de aanslag op vlucht NW253 kans van slagen?", 27-12-2009, <http://vorige.nrc.nl/article2446397.ece> (consulted d.d. 6-7-2011).

NRC Handelsblad, "Regering VS erkent fouten na aanslag", 28-12-2009, <http://vorige.nrc.nl/article2447022.ece> (consulted d.d. 6-7-2011).

NRC Handelsblad, "Bodyscanner ingezet op alle vluchten naar VS", 30-12-2009, http://vorige.nrc.nl/binnenland/article2448157.ece/Bodyscanner_ingezet_op_alle_vlucht_en_naar_VS (consulted d.d. 6-7-2011).

NRC Handelsblad, "Schiphol bestelt zestig nieuwe scanners", 5-1-2010, http://vorige.nrc.nl/binnenland/article2450670.ece/Schiphol_bestelt_60_extra_securityscans (consulted d.d. 6-7-2011).

NRC Handelsblad, "Grote ontuchtzaak bij twee kinderdagverblijven Amsterdam", 12-12-2010, <http://www.nrc.nl/nieuws/2010/12/12/grote-ontuchtzaak-kinderdagverblijf-amsterdam/> (consulted d.d. 6-7-2011).

NRC Handelsblad, "Aangifte tegen Robert M. uit 2008 had geen effect", 13-12-2010, http://vorige.nrc.nl/binnenland/article2648839.ece/Aangifte_tegen_Robert_M._uit_2008_had_geen_effect (consulted d.d. 6-7-2011).

NRC Handelsblad, "Het 'monster van Riga' is al veroordeeld", 14-12-2010, <http://www.nrc.nl/nieuws/2010/12/14/het-monster-van-riga-is-al-veroordeeld/> (consulted d.d. 6-7-2011).

NRC Handelsblad, "Het Hofnarretje overtrad stelselmatig de wet", 14-12-2010, <http://www.nrc.nl/nieuws/2010/12/14/het-hofnarretje-overtrad-stelselmatig-de-wet/> (consulted d.d. 6-7-2011).

NRC Handelsblad, "Robert M. al veroordeeld in Duitsland voor kinderporno", 16-12-2010, <http://www.nrc.nl/nieuws/2010/12/16/robert-m-al-veroordeeld-in-duitsland-voor-kinderporno/> (consulted d.d. 6-7-2011).

NRC Handelsblad, "Toezicht crèches faalt", 20-12-2010, <http://weblogs.nrc.nl/commentaar/2010/12/20/toezicht-creches-faalt/#more-3262> (consulted d.d. 6-7-2011).

NRC Handelsblad, "Zeven doden bij schietpartij Alphen aan den Rijn – Tristan van der V. had vijf wapenvergunningen", 9-4-2011, <http://www.nrc.nl/nieuws/2011/04/09/meerdere-doden-bij-schietpartij-alphen-aan-den-rijn/> (consulted d.d. 6-7-2011).

NRC Handelsblad, "Kabinet: twee leiders op elk kinderdagverblijf", 20-4-2011, <http://www.nrc.nl/nieuws/2011/04/20/kabinet-twee-leiders-op-elk-kinderdagverblijf/> (consulted d.d. 6-7-2011).

NRC Handelsblad, "Crèchepersoneel steeds screenen", 11-7-2011, <http://archieff.nrc.nl/index.php/2011/Juli/11/Overig/02/Cr%E8chepersoneel+steeds+screenen/check=Y> (consulted d.d. 15-9-2011).

NRC Next, "Scan weigeren mag, maar dat is wel verdacht", 6-1-2010, <http://www.nrcnext.nl/blog/2010/01/06/scan-weigeren-mag-maar-dat-is-wel-verdacht/> (consulted d.d. 6-7-2011).

Orwell, G., 1984, Penguin Books, London 1983 (1949).

Osborne, D. & T. Gaebler, *Reinventing Government: how the entrepreneurial spirit is transforming the public sector*, Addison-Wesley, Reading MA 1992.

Ossewaarde, R., *Eigen verantwoordelijkheid: bevrijding of beheersing?*, Raad voor Maatschappelijke Ontwikkeling, Uitgeverij SWP, Amsterdam 2006.

Ossewaarde, M.R.R., "The New Social Contract and the Struggle for Sovereignty in the Netherlands", in: *Government and Opposition*, no. 4 2007:491-512.

Ostaaijen, J.J.C. van, *Aversion and accommodation: Political change and urban regime analysis in Dutch local government: Rotterdam 1998-2008*, Eburon, Delft 2010.

Patton, M.Q., *Qualitative evaluation methods*, Sage Publications, Beverly Hills 1980.

Paustenbach, D.J., *Human and Ecological Risk Assessment: Theory and Practice*, John Wiley and Sons, New York 2002.

Pawson, R., *Evidence-based policy: a realist perspective*, Sage Publications, London 2006.

Peeters, R., "Het Kanaal van de Onvrede", in: *Socialisme & Democratie*, no. 9 2009:39-42.

Peeters, R., M. van der Steen & M. van Twist, *De Logica van het Ongepaste: over de professionaliteit van wijkmanagers in de onvolkomen organisatie*, NSOB, Den Haag 2010.

Peeters, R. & G. Drosterij, "Verantwoordelijke vrijheid: responsabilisering van burgers op voorwaarden van de staat", in: *B&M*, no. 2 2011:179-198.

Peper, B., *Vorming van welzijnsbeleid: evolutie en evaluatie van het opbouwwerk*, Boom, Meppel 1976 (1972).

Perrow, C., *Normal Accidents: Living With High-Risk Technologies*, Basic Books, New York 1984.

Pessers, D., *Big Mother. Over de personalisering van de publieke sfeer*, Boom Juridische Uitgevers, Den Haag 2003.

Pierre, J. & B.G. Peters, *Governance, Politics and the State*, Palgrave Macmillan, New York 2000.

Pierre, J. (ed.), *Debating Governance: Authority, Steering, and Democracy*, Oxford University Press, Oxford 2006 (2000).

Pierson, C., *The modern state*, Routledge, London 2004.

Pieterman, R., *De Voorzorgcultuur. Streven naar veiligheid in een wereld vol risico en onzekerheid*, Boom Juridische Uitgevers, Den Haag 2008.

Pieterman, R., "Introduction: the many facets of precautionary logic", in: *Erasmus Law Review*, no. 2 2009:97-103.

Pitkin, H.F., *The Concept of Representation*, University of California Press, Berkeley and Los Angeles 1972 (1967).

Poelje, G.A. van, *Osmose: een aantekening over het elkander doordringen van de beginselen van openbaar bestuur en particulier beheer*, Samsom, Alphen aan den Rijn 1931.

Poggi, G., *The Development of the Modern State: a sociological introduction*, Hutchinson, London 1978.

Poggi, G., *The State. Its Nature, Development and Prospects*, Polity Press, Cambridge 1990.

Pomerleau, J. & M. McKee (eds.), *Issues in Public Health*, Open University Press, Maidenhead 2005.

Popitz, H., *Phänomene der Macht: Autorität, Herrschaft, Gewalt, Technik*, Mohr, Tübingen 1992 (1986).

Popper, K., *Conjectures and Refutations*, Routledge & Kegan Paul, London 1963.

Pot, C.W. van der, A.M. Donner & L. Prakke, *Handboek van het Nederlandse staatsrecht*, Tjeenk Willink, Deventer 2001.

Poulantzas, N., *L'état, le pouvoir, le socialisme*, PUF, Paris 1978.

Power, M., *The Audit Society: Rituals of Verification*, Oxford University Press, Oxford 1997.

Power, M., *The Risk Management of Everything*, Demos, London 2004.

Pressman, J.L. & A. Wildavsky, *Implementation. How great expectations in Washington are dashed in Oakland*, University of California Press, Berkeley 1979 (1973).

Prins, A.W., *Uit Verveling*, Uitgeverij Klement, Kampen 2009.

Pröpper, I.M.A.M., & D.D. Reneman, "De beleidstheorie als argumentatie: een toepassing op het verkeersveiligheidsbeleid", in: *Beleidswetenschap*, no. 3 1993:238-256.

Putnam, R., *Bowling alone: the collapse and revival of American community*, Simon & Schuster, New York 2000.

Raad voor het Openbaar Bestuur (ROB), *Veiligheid en vertrouwen. Kernen van een democratische rechtsstaat*, ROB, Den Haag 2011.

Raad voor het Openbaar Bestuur (ROB), *Burgers, bestuur en veiligheid. Over de rol van burgers en de verwachtingen die zij hebben van de overheid*, ROB, Den Haag 2011.

Raad voor Maatschappelijke Ontwikkeling (RMO), *Medialogica: over het krachtenveld tussen media, burgers en politiek*, Uitgeverij Sdu, Den Haag 2003.

Raad voor Maatschappelijke Ontwikkeling (RMO), *Straf en zorg: een paar apart. Passende interventies bij delictplegers met psychische en psychiatrische problemen*, Uitgeverij SWP, Amsterdam 2007.

Rathenau Instituut, *Privacy geregistreerd. Visies op de maatschappelijke betekenis van privacy*, Rathenau Instituut, Den Haag 1998.

Rathenau Instituut, *Van Privacyparadijs tot Controlestaat? Misdaad- en terreurbestrijding in Nederland aan het begin van de 21^e eeuw*, Rathenau Instituut, Den Haag 2007.

Rawls, J., *A Theory of Justice*, Oxford University Press, Oxford 1999 (1971).

Reformatorsch Dagblad, "Commentaar: Bloedbad Alphen: Laten we even sprakeloos zijn", 11-4-2011, http://www.refdag.nl/opinie/commentaar/commentaar_bloedbad_alphen_laten_we_even_sprakeloos_zijn_1_545255 (consulted d.d. 7-7-2011).

Revel, J-F., *The Totalitarian Temptation*, Penguin Books, London 1978 (1976).

Rhodes, R.A.W., "The New Governance: Governing without Government", in: *Political Studies*, no. 4 1996:652-667.

Rhodes, R.A.W., *Understanding Governance. Policy Networks, Governance, Reflexivity and Accountability*, Open University Press, Buckingham 1997.

Rhodes, R.A.W., S.A. Binder, B.A. Rockman (eds.), *The Oxford Handbook of Political Institutions*, Oxford University Press, Oxford 2006.

Ringeling, A.B., *De instrumenten van het beleid*, Samsom Uitgeverij, Alphen aan den Rijn 1983.

Ringeling, A., *Het imago van de overheid: de beoordeling van prestaties van de publieke sector*, VUGA, Den Haag 1993.

Rittel, H.W.J. & M.M. Webber, "Dilemmas in a General Theory of Planning", in: *Policy Sciences*, no. 4 1973:155-169.

Romein, J. & A. Romein, *De lage landen bij de zee: geïllustreerde geschiedenis van het Nederlandse volk van Duinkerken tot Delfzijl*, De Haan, Utrecht 1940 (1934).

Rosanvallon, P., *Counter-democracy. Politics in an Age of Distrust*, Cambridge University Press, Cambridge 2008.

Rose, N., *Powers of Freedom: Reframing Political Thought*, Cambridge University Press, Cambridge 1999.

Rose, N., "Government and Control", in: *British Journal of Criminology*, vol. 40 2000:321-339.

Rosenau, P.M., *Post-modernism and the Social Sciences: Insights, Inroads, and Intrusions*, Princeton University Press, Princeton NJ 1992.

Rosenthal, U., *Politiek, de staat en het staatsapparaat*, Samsom, Alphen aan den Rijn 1980.

Rosenthal, U., *Bureaupolitiek en bureaupolitisme: om het behoud van een competitief overheidsbestel*, Samsom H.D. Tjeenk Willink, Alphen aan den Rijn 1988.

Rosenthal, U., M.P.C.M. van Schendelen & A.B. Ringeling, *Openbaar Bestuur: beleid, organisatie en politiek*, Samsom H.D. Tjeenk Willink, Alphen aan den Rijn 1996.

Rousseau, J-J., *Het Maatschappelijk Verdrag, of Beginselen der Staatsinrichting*, Boom, Amsterdam & Meppel 1997 (1762).

Ruller, S. van (ed.), *Rapporten voor Justitie. De belangrijkste beleidsnota's van de jaren tachtig en negentig samengevat*, Ars Aequi Libri, Nijmegen 1999.

Sabine, G.H., "The Two Democratic Traditions", in: *The Philosophical Review*, vol. 61, no. 4 1952:451-474.

Safranski, R., *Heidegger en zijn tijd*, Olympus, Amsterdam 2006 (1992).

Sampson, R.J. & J.H. Laub, *Crime in the Making: pathways and turning points through life*, Harvard University Press, Cambridge MA 1993.

Sandin, P., "Dimensions of the Precautionary Principle", in: *Human and Ecological Risk Assessment*, no. 5 1999:889-907.

Saramago, J., *Blindness*, Vintage Books, London 2005 (1995).

Saramago, J., *Stad der Blinden*, Meulenhoff, Amsterdam 2010 (1995).

Schaap, L., "Bestuurskunde als bestudering van sociale systemen", in: *Bestuurskunde*, no. 6 1997:277-290.

Schama, S., *Overvloed en Onbehagen: De Nederlandse Cultuur in de Gouden Eeuw*, Olympus, Amsterdam 2006 (1987).

Schaper, B.W., *Tussen machtsstaat en welvaartsstaat*, Van Gorcum, Assen 1963.

Schinkel, W., *Denken in een tijdperk van sociale hypochondrie: aanzet tot een theorie voorbij de maatschappij*, Klement, Kampen 2007.

Schinkel, W. & F. van Houdt, "Besturen door vrijheid: neoliberaaal communitarisme en de verantwoordelijke burger", in: *Bestuurskunde*, no. 2 2010:12-22.

Schmid, G., "Social risk management through transitional labour markets", in: *Socio-Economic Review*, no. 1 2006:1-34.

Schmitt, C., *Der Begriff des Politischen*, Duncker & Humblot, Berlin 2002 (1932).

Schmitt, C., *Politische Theologie: Vier Kapitel zur Lehre von der Souveränität*, Duncker & Humblot, Berlin 1934.

Schneier, B., "Refuse to be Terrorized", in: *Wired News*, August 24, 2006; <http://www.schneier.com/essay-124.html> (consulted d.d. 20-6-2012).

Schön, D.A. & M. Rein, *Frame reflection: toward the resolution of intractable policy controversies*, Basic Books, New York 1994.

Schopenhauer, A., *De Wereld als Wil en Voorstelling*, Wereldbibliotheek, Amsterdam 1997 (1819).

Schumpeter, J., *Capitalism, Socialism, and Democracy*, Harper, New York 1950.

Schuyt, K., R. van der Veen & E. van de Beek, *De verdeelde samenleving: een inleiding in de ontwikkeling van de Nederlandse verzorgingsstaat*, Stenfert Kroese, Leiden 1990 (1986).

Scott, J.C., *Seeing like a state: how certain schemes to improve the human condition have failed*, Yale University Press, New Haven CT 1998.

Seerden, R. & F. Stroink (eds.), *Administrative Law of the European Union, its Member States and the United States*, Intersentia Uitgevers, Antwerpen & Groningen 2002.

Segers, J.H.G. & J.A.P. Hagenaars, *Sociologische onderzoeksmethoden*, Van Gorcum, Assen 1980.

Shaw, C.R. & H.D. MacKay, *Juvenile Delinquency and Urban Areas: a study of rates of delinquency in relation to differential characteristics of local communities in American cities*, University of Chicago Press, Chicago 1969 (1942).

Sherman, L., D. Farrington, B. Welsh & D. MacKenzie, *Evidence Based Crime Prevention*, Routledge, New York 2002.

Simon, H.A., *Administrative Behavior. A study of decision-making processes in administrative organization*, The Free Press, New York 1976 (1947).

- Slaughter, A-M., *A new world order*, Princeton University Press, Princeton NJ 2004.
- Sloterdijk, P., *Sferen. I – Bellen: microsferologie; II – Globes: macrosferologie*, Boom, Amsterdam 2007 (1998/1999).
- Sloterdijk, P., *Sferen. III – Schuim*, Boom, Amsterdam 2009 (2004).
- Slovic, P. B. Fischhoff & S. Lichtenstein, "Why Study Risk Perception?", in: *Risk Analysis*, no. 2 1982:83-93.
- Smits, H., *Strafrechthervormers en hemelbestormers. Opkomst en teloorgang van de Coornhert-Liga*, Aksant, Amsterdam 2008.
- Sociaal en Cultureel Planbureau (SCP), *Sociale veiligheid ontsleuteld: veronderstelde en werkelijke effecten van veiligheidsbeleid*, SCP, Den Haag 2008.
- Solove, D.J., "'I've Got Nothing to Hide' and Other Misunderstandings of Privacy", in: *San Diego Law Review*, vol. 44 2007:745-772.
- Sparrow, M.K., *The Character of Harms: Operational Challenges in Control*, Cambridge University Press, Cambridge 2008.
- Spierenburg, P., *The Spectacle of Suffering. Executions and the Evolution of Repression: from a preindustrial metropolis to the European experience*, Cambridge University Press, Cambridge 1984.
- Steen, M. van der, *Een sterk verhaal. Een analyse van het discours over vergrijzing*, Lemma, Utrecht 2009.
- Steen, M. van der, R. Peeters & M. Pen, *De weg omhoog. Een analyse van het vertoog over sociale mobiliteit in regeringsbeleid*, Raad voor Maatschappelijke Ontwikkeling, Den Haag 2010.
- Steiker, C.S., "Foreword: The Limits of the Preventive State", in: *Journal of Criminal Law and Criminology*, no. 3 1998:771-808.
- Steinberger, P.J., *The Idea of the State*, Cambridge University Press, Cambridge 2009 (2004).
- Stone, D., *Policy Paradox. The Art of Political Decision Making*, W.W. Norton & Company, New York & London 2002 (1988).

Süddeutsche Zeitung (SZ), "Schwarz wie der Tod", 11-3-2009, <http://www.sueddeutsche.de/panorama/das-drama-von-winnenden-schwarz-wie-der-tod-1.385833> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "Reden über das Unbegreifliche", 12-3-2009a, <http://www.sueddeutsche.de/muenchen/nach-amoklauf-reden-ueber-das-unbegreifliche-1.388529> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "Kein demografisches Merkmal", 12-3-2009b, <http://www.sueddeutsche.de/panorama/taeterprofil-von-tim-k-kein-demographisches-merkmal-1.389823> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "Schüler im Hochsicherheitstrakt", 12-3-2009c, <http://www.sueddeutsche.de/karriere/nach-dem-amoklauf-in-winnenden-schueler-im-hochsicherheitstrakt-1.393373> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "Versteckte Hinweise", 12-3-2009d, <http://www.sueddeutsche.de/wissen/nach-amoklauf-von-winnenden-versteckte-hinweise-1.403392> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "Killerspiele, Zombies, Waffenrecht", 12-3-2009e, <http://www.sueddeutsche.de/panorama/winnenden-nach-dem-amoklauf-killerspiele-zombies-waffenrecht-1.395851> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "Leib und Leben in Gefahr", 12-3-2009f, <http://www.sueddeutsche.de/panorama/waffengesetz-in-deutschland-leib-und-leben-in-gefahr-1.402366> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "Die Söhne wissen, wo die Waffe ist", 13-3-2009a, <http://www.sueddeutsche.de/panorama/winnenden-nach-dem-amoklauf-die-soehne-wissen-wo-die-waffe-ist-1.387477> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "Innenminister will Killerspiele verbieten", 13-3-2009b, <http://www.sueddeutsche.de/bayern/nach-dem-amoklauf-innenminister-will-killerspiele-verbieten-1.388369> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "Schärferes Waffenrecht oder Gewaltprävention?", 13-3-2009c, <http://www.sueddeutsche.de/politik/reaktionen-auf-winnenden-schaerferes-waffenrecht-oder-gewaltpraevention-1.411305> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "Merkel will schärfere Kontrollen", 15-3-2009, <http://www.sueddeutsche.de/politik/waffenbesitz-merkel-will-schaerfere-kontrollen-1.394084> (consulted d.d. 16-11-2011).

Süddeutsche Zeitung (SZ), "62 neue Gesetze", 10-7-2009, <http://www.sueddeutsche.de/politik/entscheidungen-im-bundesrat-neue-gesetze-1.764230> (consulted d.d. 16-11-2011).

Sunstein, C.R., *Laws of Fear: beyond the precautionary principle*, Cambridge University Press, Cambridge 2006 (2005).

Sunstein, C.R. & R.H. Thaler, "Libertarian Paternalism Is Not an Oxymoron", in: *The University of Chicago Law Review*, no. 4 2003:1159-1202.

Swaan, A. de, *In Care of the State: Health Care, Education and Welfare in Europe and the USA in the Modern Era*, Polity Press, Cambridge 1988.

Talmon, J.L., *The Origins of Totalitarian Democracy*, Penguin Books, Harmondsworth, 1986 (1952).

Talmon, J.L., *Political Messianism: the Romantic Phase*, Westview Press, Boulder 1985 (1960).

Taylor-Gooby, P., "The new welfare state settlement in Europe", in: *European Societies*, no. 1 2008:3-24.

Tebbit, M., *Philosophy of Law: an introduction*, Routledge, London & New York 2000.

Terpstra, M., *Maakbaarheid en normativiteit. Inleiding tot de filosofie van bestuur en beleid*, SUN, Nijmegen 1997.

Thaler, R.H. & C.R. Sunstein, "Libertarian Paternalism", in: *The American Economic Review*, no. 2 2003:175-179.

Thaler, R.H. & C.R. Sunstein, *Nudge: improving decisions about health, wealth, and happiness*, Penguin Books, New York 2009 (2008).

Thomas, W.I. & D.S. Thomas, *The Child in America: Behavior Problems and Programs*, Knopf, New York 1928.

Tiemeijer, W.L., C.A. Thomas & H.M. Prast (eds.), *De menselijke beslisser. Over de psychologie van keuze en gedrag*, Amsterdam University Press, Amsterdam 2009.

Tiemeijer, W.L., *Hoe mensen keuzes maken: de psychologie van het beslissen*, Amsterdam University Press, Amsterdam 2011.

Tilly, C., "Reflections on the history of European state-making", in: C. Tilly (ed.), *The formation of national states in Western Europe*, Princeton University Press, Princeton NJ 1975.

Tjeenk Willink, H.D. c.s., *Democratie als beeldenstrijd*, VUGA, Den Haag 1994.

Tocqueville, A. de, *Over de democratie in Amerika*, Lemniscaat, Rotterdam 2011 (1835/1840).

Tönnies, F., *Gemeinschaft und Gesellschaft: Grundbegriffe der reinen Soziologie*, Wissenschaftliche Buchgesellschaft, Darmstadt 1972 (1887).

Tops, P.W. & S. Zouridis, *De Binnenkant van Politiek*, Uitgeverij Atlas, Amsterdam/Antwerpen 2002.

Tops, P., *Regimeverandering in Rotterdam. Hoe een stadsbestuur zichzelf opnieuw uitvond*, Uitgeverij Atlas, Amsterdam & Antwerpen, 2007.

Torstendahl, R., *State theory and state history*, Sage, London 1992.

Trommel, W.A., *Gulzig Bestuur*, Boom/Lemma, Den Haag 2009.

Trouwborst, A., "Prevention, precaution, logic and law. The relationship between the precautionary principle and the preventative principle in international law and associated questions", in: *Erasmus Law Review*, no. 2 2009:105-127.

Tversky, A. & D. Kahneman, "Judgment under Uncertainty: Heuristics and Biases", in: *Science*, no. 4157, 1974:1124-1131.

Tversky, A. & D. Kahneman, "The Framing of Decisions and the Psychology of Choice", in: *Science*, no. 4481, 1981:453-458.

Twist, M.J.W. van, "De beleidstheorie vanuit de wetenschapspraktijk: van 'hoe ver' naar 'hoe verder'?", in: *Beleidswetenschap*, no. 1 1993:34-47.

Twist, M.J.W. van, *Verbale vernieuwing: aantekeningen over de kunst van bestuurskunde*, VUGA, Den Haag 1995.

Ullman, W., *Medieval Political Thought*, Penguin Books, New York 1965.

Vasterman, P.L.M., *Mediahype*, Aksant, Amsterdam 2004

Vasterman, P.L.M., N. Ruigrok & O. Scholten, *Mexicaanse griep in Nederland. Berichtgeving, verontrusting en publieksreacties*, Amsterdam 2011, http://www.nieuwsmonitor.net/n/114/Mexicaanse_Griep_in_het_Nieuws (consulted d.d. 7-7-2011).

Vedder, A., L.G.J. van der Wees, E.J. Koops & P.J.A. de Hert, *Van privacyparadijs tot controlestaat? Misdaad- en terreurbestrijding in Nederland aan het begin van de 21^e eeuw*, Rathenau Instituut, Den Haag 2007.

Veld, R.J. in 't, *Verandering en bestuur: een pleidooi voor een bescheiden bestuurskunde*, Katholieke Universiteit Nijmegen 1982.

Veld, R. in 't, *Kennisdemocratie. Opkomend stormtij*, Sdu, Den Haag 2010.

Verhoeven I. & M. Ham (eds.), *Brave burgers gezocht: de grenzen van de activerende overheid*, Van Gennep, Amsterdam 2010.

Vonk, G. & A. Tollenaar (eds.), *Social security as a public interest: a multidisciplinary inquiry into the foundations of the regulatory welfare state*, Intersentia, Antwerp, Oxford & Portland 2010.

Vos, R.C., *A Multidisciplinary Lifestyle Intervention for Childhood Obesity: Effects on body composition, exercise tolerance, quality of life and gut hormones*, SMG-Groep, Den Haag 2011.

Walzer, M., *Spheres of Justice. A defence of pluralism and equality*, Basil Blackwell, Oxford 1985 (1983).

Weber, M., *Wissenschaft als Beruf (1917/1919); Politik als Beruf (1919)*, J.C.B. Mohr (Paul Siebeck), Tübingen, 1994 (1919).

Weber, M., *Die protestantische Ethik und der Geist des Kapitalismus*, Verlag C.H. Beck, München 2006 (1904/1905).

Weber, M., *Wirtschaft und Gesellschaft. Grundriß der verstehenden Soziologie*, J.C.B. Mohr (Paul Siebeck), Tübingen 1972 (1922).

Weber, M., *Wirtschaft und Gesellschaft*, Voltmedia GmbH, Paderborn 2006 (1922).

Weber, M., *Gesammelte Aufsätze zur Wissenschaftslehre*, J.C.B. Mohr (Paul Siebeck) Verlag, Tübingen 1988 (1922).

Webster, F., *Theories of the Information Society*, Routledge, London 2006.

Weick, K.E., *Sensemaking in Organizations*, Sage, Thousand Oaks 1995.

Weick, K.E., *Making sense of the organization*, Blackwell, Oxford 2001.

Weintraub, J. & K. Kumar (eds.), *Public and Private in Thought and Practice. Perspectives on a grand dichotomy*. University of Chicago Press, Chicago & London 1997.

Welsh, B. & D. Farrington (eds.), *Preventing Crime: What Works for Children, Offenders, Victims, and Places*, Springer, New York 2006.

Wetenschappelijke Raad voor het Regeringsbeleid (WRR), *Herwaardering van welzijnsbeleid*, Staatsuitgeverij, Den Haag 1982.

Wetenschappelijke Raad voor het Regeringsbeleid (WRR), *Volksgezondheidszorg*, Sdu Uitgevers, Den Haag 1997.

Wetenschappelijke Raad voor het Regeringsbeleid (WRR), *De verzorgingsstaat heroverwogen: over verzorgen, verzekeren, verheffen en verbinden*, Amsterdam University Press, Amsterdam 2006.

Wetenschappelijke Raad voor het Regeringsbeleid (WRR), *Onzekere veiligheid: verantwoordelijkheden rond fysieke veiligheid*, Amsterdam University Press, Amsterdam 2008.

Wetenschappelijke Raad voor het Regeringsbeleid (WRR), *De overheid als keuzearchitect?*, WRR, Den Haag 2009.

Wetenschappelijke Raad voor het Regeringsbeleid (WRR), *Evenwichtskunst. Over de verdeling van verantwoordelijkheid voor fysieke veiligheid*, WRR, Den Haag 2011.

Wildavsky, A., *Speaking Truth to Power: the Art and Craft of Policy Analysis*, Little, Brown & Co., Boston MA 1979.

Wildavsky, A., *Searching for Safety*, Transaction Publishers, Piscataway NJ 2003 (1988).

Wilkinson, R. & M. Marmot (eds.), *Social Determinants of Health: The Solid Facts*, World Health Organization, Copenhagen 2003.

Wilson, W, "The Study of Administration", in: *Political Science Quarterly*, no. 2 1887:197-222.

Winslow, C.E.A., "The Untilled Fields of Public Health", in: *Science*, vo. LI, no. 1306 1920:23-33.

Witteveen, W., *De geordende wereld van het recht: een inleiding*, Amsterdam University Press, Amsterdam 1996.

Woud, A. van der, *Het lege land: de ruimtelijke orde van Nederland 1798-1848*, Meulenhoff, Amsterdam 1987.

Woud, A. van der, *Een nieuwe wereld: het ontstaan van het moderne Nederland*, Uitgeverij Bert Bakker, Amsterdam 2006.

Woud, A. van der, *Koninkrijk vol sloppen: achterbuurten en vuil in de negentiende eeuw*, Uitgeverij Bert Bakker, Amsterdam 2010.

Yanow, D., *Conducting Interpretive Policy Analysis*, Sage, Thousand Oaks 2000.

Yanow, D., *Constructing 'race' and 'ethnicity' in America. Category-Making in Public Policy and Administration*, M.E. Sharpe, Armonk, New York 2003.

Yanow, D. & P. Schwartz-Shea, *Interpretation and Method. Empirical Research Methods and the Interpretive Turn*, M.E. Sharpe, Armonk NY & London 2006.

Yin, R.K., *Case Study Research. Design and Methods*, Sage, London 2009.

Zakaria, F., *The Future of Freedom. Illiberal Democracy and Home and Abroad*, W.W. Norton & Company, New York & London, 2007 (2003).

Zedner, L., "Pre-crime and post-criminology?", in: *Theoretical Criminology*, no. 2 2007:261-281.

Zijderfeld, A.C., *Populisme als politiek drijfzand*, Uitgeverij Cossee, Amsterdam 2009.

Zippelius, R., *Allgemeine Staatslehre*, Beck, München 1999.

Zouridis, S., *Digitale Disciplineren. Over ICT, organisatie, wetgeving en het automatiseren van beschikkingen*, Eburon, Delft 2000.

Zouridis, S., *Dialectische Disciplineren. Over het contrapunt van bestuur en recht*, Lemma, Den Haag 2008.

Zouridis, S., *De dynamiek van bestuur en recht. Over de rechtsstaat als bestuurswetenschappelijk fenomeen*, Lemma, Den Haag 2009.

http://en.wikipedia.org/wiki/Involuntary_commitment#Netherlands; consulted d.d. 14-9-2011.

http://en.wikipedia.org/wiki/There_are_known_knowns; consulted d.d. 9-7-2011.

<http://www.parlement.com/>; consulted d.d. 25-7-2011.

<http://www.politiekeurmerk.nl/keurmerk>; consulted d.d. 7-7-2011.

http://prinsjesdag2010.nl/miljoenennota/huishoudboekje_van_nederland; consulted d.d. 1-8-2011

<http://www.riagg-rnw.nl/Start/RIAGGRijnmond/Nieuws/tabid/106/ctl/Details/mid/449/ArticleID/615/Src/Org/Default.aspx>; consulted d.d. 9-9-2011

<http://www.rijksoverheid.nl/ministeries/venj>; consulted d.d. 6-2-2011.

<http://www.rijksoverheid.nl/onderwerpen/water-en-veiligheid/ruimte-voor-de-rivier>; consulted d.d. 6-6-2012.

http://www.servat.unibe.ch/icl/nl00000_.html; consulted d.d. 17-11-2010.

<http://www.st-ab.nl/wetgrondwet.htm>; consulted d.d. 17-11-2010.

<http://www.unep.org/Documents.multilingual/Default.asp?DocumentID=78&ArticleID=1163>; consulted d.d. 9-7-2011.

<http://www.who.int/about/en/>; consulted d.d. 3-10-2010.

POLICY MEMORANDA

TK 36, 27-4-1965; *Regeringsverklaring 1965*

TK 1965-1966, 8462/1; *Volksgezondheidsnota 1966*

TK 10, 29-11-1966; *Regeringsverklaring 1966*

TK 3, 18-4-1967; *Regeringsverklaring 1967*

TK 5, 3-8-1971; *Regeringsverklaring 1971*

TK 85, 17-8-1972; *Regeringsverklaring 1972*

TK 1972-1973, 12383/2; *Regeerakkoord 1973*

TK 41, 28-5-1973; *Regeringsverklaring 1973*

TK 1973-1974, 13012/1-2; *Structuurnota Gezondheidszorg*

TK 1977-1978, 14600/4; *Regeerakkoord 1977*

TK 10, 16-1-1978; *Regeringsverklaring 1978*

TK 1978-1979, 15540/1-2; *Het beleid ter zake van de gezondheidszorg met het oog op de kostenontwikkeling*

TK 1980-1981, 16713/2; *Stad- en Dorpsvernieuwing*

TK 1981, 17000/6; *Regeerakkoord 1981*

TK 15, 16-11-1981; *Regeringsverklaring 1981*

TK 1982-1983, 17555/7; *Regeerakkoord 1982*

TK 21, 22-11-1982; *Regeringsverklaring 1982*

TK 1983-1984, 18039/2-3; *Accenten Sportbeleid*

TK 1983-1984, 18108/1-2; *Volksgezondheidsbeleid bij beperkte middelen*

TK 1983-1984, 18156/1-2; *Voedingsbeleid*

TK 1983-1984, 18453/1-2; *Veiligheid in de Privésfeer*

TK 1983-1984, 18463/1-2; *Geestelijke Volksgezondheid*

TK 1983-1984, 18545/1-2; *Jeugdbeleid*

TK 1984-1985, 18995/2; *Samenleving en Criminaliteit*

TK 1985-1986, 19243/1-3; *Alcohol en Samenleving*

TK 1985-1986, 19321/1; *Sociale Veiligheid en de Kwaliteit van de Openbare Ruimte in de Stad*

TK 1985-1986, 19555/3; *Regeerakkoord 1986*

TK 86, 30-7-1986; *Regeringsverklaring 1986*

TK 1985-1986, 19409/1-2; *Schoolverzuim*

TK 1985-1986, 19500/1-2; *Over de ontwikkeling van gezondheidsbeleid/Nota 2000*

TK 1986-1987, 18995/19; *Actieplan Samenleving en Criminaliteit*

TK 1987-1988, 20259/1-2; *Preventie Hart- en Vaatziekten*

TK 1988-1989, 21062/2; *Grotestedenbeleid*

TK 1989-1990, 21132/8; *Regeerakkoord 1989*

TK 14, 27-11-1989; *Regeringsverklaring 1989*

TK 1989-1990, 21455/4; *Sociale Vernieuwing*

TK 1989-1990, 21545/1-2; *Werken aan zorgvernieuwing*

TK 1990-1991, 21829/2; *Recht in Beweging*

TK 1990-1991, 21971/2; *Actieprogramma Minderhedenbeleid*

TK 1990-1991, 22045/1-2; *Met vaste hand: verbetering van de kwaliteit van de rechtshandhaving*

TK 1991-1992, 22355/2; *Criminaliteitsbestrijding*

TK 1991-1992, 22459/1-2; *Gezondheidsbeleid 1992*

TK 1992-1993, 22894/1; *Preventie voor de volksgezondheid*

TK 1992-1993, 22994/1; *Een goed voorbereide start*

TK 1992-1993, 23096/1-2; *Veiligheidsrapportage 1993*

TK 1993-1994, 23715/11; *Regeerakkoord 1994*

TK 86, 31-8-1994; *Regeringsverklaring 1994*

TK 1994-1995, 24126/1-2; *Volksgezondheidsbeleid 1995-1998*

TK 1994-1995, 24225/1-2; *Veiligheidsbeleid 1995-1998*

TK 1995-1996, 24485/1; *Jeugdcriminaliteit*

TK 1995-1996, 24743/1; *Tabaksontmoedigingsbeleid*

TK 1995-1996, 24802/1-2; *Rechtshandhaving en Veiligheid*

TK 1995-1996, 24807/1-2; *Taakstraffen*

TK 1996-1997, 22894/13; *Preventie voor de volksgezondheid*

TK 1996-1997, 22894/14; *Actieprogramma Preventiebeleid*

TK 1997-1998, 25726/1; *Criminaliteit in relatie tot integratie van etnische minderheden*

TK 1997-1998, 26024/10; *Regeerakkoord 1998*

TK 92, 25-8-1998; *Regeringsverklaring 1998*

TK 1997-1998, 25980/1; *Opvoedingsondersteuning en Ontwikkelingsstimulering*

TK 1998-1999, 26229/1-2; *Relatie Voeding en Gezondheid*

TK 1998-1999, 26598/1; *Openbare Gezondheidszorg*

TK 1998-1999, 26604/1; *Integraal Veiligheidsprogramma*

TK 1998-1999, 26695/1-2; *Plan van Aanpak Voortijdig Schoolverlaters*

TK 1999-2000, 26598/2; *Openbare Gezondheidszorg*

TK 2000-2001, 25726/9; *Criminaliteit in relatie tot integratie van etnische minderheden*

TK 2000-2001, 27565/1-2; *Alcoholbeleid*

TK 2000-2001, 27834/2; *Criminaliteitsbeheersing*

TK 2000-2001, 27834/4; *Recidivevermindering*

TK 2000-2001, 27841/1-2; *Sport, Bewegen en Gezondheid*

TK 2001-2002, 25726/20; *Criminaliteit in relatie tot integratie van etnische minderheden*

TK 2001-2002, 28292/1-2; *Vasthoudend en Effectief*

TK 2001-2002, 28345/1-2; *Privé Geweld – Publieke Zaak*

TK 2001-2002, 28375/5; *Regeerakkoord 2002*

TK 92, 26-7-2002; *Regeringsverklaring 2002*

TK 2002-2003, 28642/1; *Aanvalsplan Sociale Veiligheid Openbaar Vervoer*

TK 2002-2003, 28684/1; *Naar een veiliger samenleving*

TK 2002-2003, 28684/10; *Intensieve Aanpak Veelplegers*

TK 2002-2003, 28741/1; *Actieprogramma Aanpak Jeugdcriminaliteit*

TK 2002-2003, 28637/19; *Regeerakkoord 2003*

TK 76, 11-6-2003; *Regeringsverklaring 2003*

TK 2003-2004, 22894/20; *Langer Gezond Leven: Ook een Kwestie van Gezond Gedrag*

TK 2003-2004, 29284/1; *Operatie Jong*

TK 2004-2005, 22894/51; *Convenant Overgewicht*

TK 2004-2005, 27565/29; *Voortgang Alcoholbeleid*

TK 2004-2005, 29284/5; *Operatie Jong*

TK 2005-2006, 22894/70; *Energie in Balans*

TK 2005-2006, 22894/78; *Nationaal Programma Tabaksontmoediging 2006-2010*

TK 2005-2006, 28684/65; *Actieplan Tegen Geweld*

TK 2005-2006, 29284/16; *Operatie Jong*

TK 2006-2007, 22894/110; *Kiezen voor een Gezond Leven*

TK 98, 7-7-2006; *Regeringsverklaring 2006*

TK 2006-2007, 30891/4; *Regeerakkoord 2007*

TK 45, 1-3-2007; *Regeringsverklaring 2007*

TK 2006-2007, 31001/5; *Alle Kansen voor Alle Kinderen*

TK 2007-2008, 22894/134; *Gezond zijn, gezond blijven*

TK 2007-2008, 26695/42; *Aanval op de Schooluitval*

TK 2007-2008, 27565/35; *Voortgang Alcoholbeleid*

TK 2007-2008, 28684/119; *Veiligheid begint bij Voorkomen*

TK 2007-2008, 28684/130; *Actieplan Overlast en Verloedering*

TK 2007-2008, 28684/167; *Overlast door 12-minners*

TK 2007-2008, 31532/1; *Gezonde Voeding*

TK 2008-2009, 31899/1; *Nota Overgewicht*

TK 2009-2010, 31899/15; *Convenant Gezond Gewicht 2010-2014*

TK 13, 26-10-2010; *Regeringsverklaring 2010*

TK 2010-2011, 32793/1-2; *Gezondheid Dichtbij*

Kiezen voor een Gezond Leven; <http://www.rijksoverheid.nl/documenten-en-publicaties/publicaties-pb51/preventienota-kiezen-voor-gezond-leven.html> (consulted 21-10-2010)

Gezond zijn, gezond blijven; <http://www.rijksoverheid.nl/documenten-en-publicaties/publicaties-pb51/gezond-zijn-gezond-blijven.html> (consulted 21-10-2010)

Regeerakkoord 2010; <http://www.rijksoverheid.nl/regering/het-kabinet/regeerakkoord> (consulted 4-2-2011)

Troonredes 1965-2008; <http://vorige.nrc.nl/achtergrond/article1985444.ece/Troonredes> (consulted 10-3-2009)

Troonrede 2009; <http://vorige.nrc.nl/achtergrond/article1985444.ece/Troonredes> (consulted 6-8-2010)

Troonrede 2010; http://vorige.nrc.nl/achtergrond/article2621769.ece/Troonrede_2010 (consulted 4-2-2011)

INTERVIEWS, OBSERVATIONS AND ADDITIONAL DOCUMENTATION

Crime Prevention in Rotterdam

Interviews

Emile Goyvaerts, coordinator district Charlois, Rotterdam d.d. 27-6-2011.

Clyde Pinas, project leader 'Thuis op Straat', Rotterdam d.d. 16-9-2011.

Luz Kromhout, district coordinator Charlois & Harry de Boer, district manager housing corporation Woonstad, Rotterdam d.d. 21-9-2011.

John Sjamaar, manager police station Zuidwijk, Rotterdam d.d. 6-10-2011.

Johnny Hagenaar, neighbourhood police officer Zuidwijk, Rotterdam d.d. 6-10-2011.

Emile Goyvaerts d.d. 10-1-2012 (by telephone).

Observations

Youth surveillance team shopping centre Zuidplein (Jeugdserviceteam), Rotterdam d.d. 16-9-2011.

Guided tour Pendrecht (Harry de Boer), Rotterdam d.d. 21-9-2011.

Patrol neighbourhood police officer Zuidwijk (Johnny Hagenaar), Rotterdam d.d. 6-10-2011.

Documentation

(found at websites or handed over personally during meetings and interviews)

Five-Year Action Programme Security, municipality of Rotterdam, 2010; <http://www.rotterdam.nl/Directie%20Veilig/PDF/VJAPengels%202010-2014.pdf>, consulted d.d. 28-10-2011.

Ruimte voor talent en ondernemen, coalition agreement Municipal Executive Rotterdam, 2010; <http://www.rotterdam.nl/BSD/Document/Perskamer/Coalitieakkoord290410.pdf>, consulted d.d. 27-10-2011.

Werken aan talent en ondernemen, work programme Municipal Executive Rotterdam 2010; <http://www.rotterdam.nl/BSD/Document/CWP-2010-2014.pdf>, consulted d.d. 27-10-2011.

Pact op Zuid: vier jaar investeren in Rotterdam Zuid 2006-2010, memorandum on the Rotterdam South Pact, 2010; <http://www.pactopzuid.info/download.php?itemID=27400&field=document>, consulted d.d. 26-10-2011.

Yearly Report Preventive Frisking, municipality of Rotterdam, 2008; <http://www.rotterdam.nl/Directie%20Veilig/PDF/Jaarrapportage%20Preventief%20Fouilleren%202008.pdf>, consulted d.d. 27-10-2011.

Veiligheid voor dummies, memorandum municipality of Rotterdam, 2010; http://www.screenpost.nl/doc_dir/doc_dir_104/Veiligheidvdummies16032010.pdf, consulted d.d. 28-10-2011.

“Comprehensive Neighbourhood Action Programme of Pendrecht”, 2011.

“Afspraken tijdelijk beheer Pendrecht-Zuid”, description of agreement between the Charlois district and housing corporation on maintenance of the public domain, 2008.

“De Nieuwe Tuinstad”, long term perspective on Pendrecht 2020, memorandum by the municipality of Rotterdam, the district Charlois and two housing corporations, 2009.

Promotional film housing corporation in Pendrecht: <http://www.vitaalpendrecht.nl/tv/denu/index600.html>; consulted d.d. 26-10-2011.

<http://www.rotterdam.nl/DSV/Document/Bestemmingsplannen%20in%20procedure/Charlois/Pendrecht/12.%20Masterplan%20Pendrecht%202004.pdf>; consulted d.d. 21-9-2011.

<http://www.ad.nl/ad/nl/1038/Rotterdam/article/detail/2224897/2007/09/28/Beste-wensen-voor-mijn-buurman.dhtml>; consulted d.d. 27-10-2011.

<http://www.rotterdam.nl/Directie%20Veilig/PDF/Nieuwsflits/Veiligheidsindex2010LR.pdf>, consulted d.d. 27-10-2011.

<http://www.pactopzuid.info/index.php?pageID=22>, consulted d.d. 29-10-2011.

<http://www.rotterdam.nl/COS/publicaties/Vanaf%202005/093100.Sociale%20Index%202010.pdf>, consulted d.d. 27-10-2011.

http://www.keicentrum.nl/websites/kei/files/KEI2003/Projecten/GemeenteRotterdam_Sociale%20herovering.pdf, consulted d.d. 29-10-2011.

[http://www.kei-centrum.nl/view.cfm?page_id=1897&item_type=project&item_id=215;](http://www.kei-centrum.nl/view.cfm?page_id=1897&item_type=project&item_id=215)
consulted d.d. 21-9-2011.

[http://www.kei-centrum.nl/view.cfm?page_id=1897&item_type=project&item_id=229;](http://www.kei-centrum.nl/view.cfm?page_id=1897&item_type=project&item_id=229)
consulted d.d. 26-10-2011.

[http://www.rotterdam.nl/smartsite.dws?id=1046197;](http://www.rotterdam.nl/smartsite.dws?id=1046197) consulted d.d. 3-11-2011.

[http://www.rotterdam.nl/Directie%20Veilig/PDF/Overige%20publicaties/beleidsregel%20gebiedsontzegging.pdf;](http://www.rotterdam.nl/Directie%20Veilig/PDF/Overige%20publicaties/beleidsregel%20gebiedsontzegging.pdf) consulted d.d. 27-10-2011.

[http://www.rotterdam.nl/Directie%20Veilig/PDF/Overige%20publicaties/protocol%20huisbezoeken%20interventieteam%202010.pdf;](http://www.rotterdam.nl/Directie%20Veilig/PDF/Overige%20publicaties/protocol%20huisbezoeken%20interventieteam%202010.pdf) consulted d.d. 27-10-2011.

Care and Security House Tilburg

Interviews

Remco Jansen, programme manager 'Security' municipality of Tilburg, Tilburg d.d. 21-3-2011.

Sandra Timmermans, manager Care and Security House, Tilburg d.d. 21-3-2011.

John Wauben, manager Care and Security House, Tilburg d.d. 5-4-2011.

Emile Joosten, Team Care Interference, Tilburg d.d. 11-4-2011

Martijn Verhagen, coordinator Routing Consultation Care and Security House, Tilburg d.d. 21-4-2011.

Paul de Keijzer, individual routing counselor, Breda d.d. 23-5-2011.

Eefke Verhagen, team Outreaching Social Work, Tilburg d.d. 7-6-2011.

Yvonne Bax, Bureau Halt, Tilburg d.d. 7-6-2011.

Katinka Reijnders, ISD-manager, Vught d.d. 20-6-2011.

Frans Swinkels (manager of the security policy unit municipality of Tilburg), Sandra Timmermans, Remco Jansen & John Wauben, Tilburg d.d. 29-9-2011.

Observations

Scenario Overleg Veelplegers, Tilburg d.d. 5-4-2011.

Intake Huiselijk Geweld, Tilburg d.d. 5-4-2011.

Justitieel Casusoverleg Jeugd, Tilburg d.d. 7-4-2011.

Scenario Overleg Jeugd, Tilburg d.d. 7-4-2011.

Scenario Team Seksueel Geweld, Tilburg d.d. 7-4-2011.

Hulpverlening Casusoverleg, Tilburg d.d. 11-4-2011.

Interventie Team Bemoezorg (Emile Joosten), Tilburg d.d. 20-4-2011.

Interventie Team Huiselijk Geweld (Mariëtte Verdonk), Tilburg d.d. 17-5-2011.

Rondleiding Den Hey-Acker (Paul de Keijzer), Breda d.d. 3-6-2011.

Interventie Outreaching Maatschappelijk Werk (Eefke Verhagen), Tilburg d.d. 7-6-2011.

Interventie Bureau Halt (Yvonne Bax), Hilvarenbeek d.d. 8-6-2011.

Rondleiding ISD-unit P.I. Vught (Katinka Reijnders), Vught d.d. 20-6-2011.

Documentation

(found at websites or handed over personally during meetings and interviews)

“Informatieblad Maatregel Inrichting Stelselmatige Daders (ISD)”, information leaflet Ministry of Justice.

“Eindtermen ISD”, information leaflet Ministry of Justice, June 2010.

“Productbeschrijving Inrichtingen voor Stelselmatige Daders (ISD)”, information leaflet Ministry of Justice, October 2010.

“De Halt-afdoening. De wet overtreden: wat nu?”, information leaflet Bureau Halt.

“Wat doet Halt? Aanpak en activiteiten”, information leaflet Bureau Halt.

“Benadeelde in een Halt-zaak. Wat kunt u van Halt verwachten?”, information leaflet Bureau Halt.

“Onder invloed? Halt!”, information leaflet Bureau Halt.

“Work-Wise. Informatie over Work-Wise voor ketenpartners en maatschappelijk partners”, information leaflet juvenile custodial institutions.

“Work-Wise. Informatie over Work-Wise voor stage-/werkgevers”, information leaflet juvenile custodial institutions.

“Work-Wise. Informatie over Work-Wise voor ouders/verzorgers”, information leaflet juvenile custodial institutions.

“Van streetwise naar Work-Wise”, information leaflet juvenile custodial institutions.

“The Routing. Work-Wise: get going with Work-Wise!”, information leaflet juvenile custodial institutions.

“Het Traject. Work-Wise: daar kun je mee aan de slag!”, information leaflet juvenile custodial institutions.

“Buitenprogramma. Gedragsinterventie voor jongeren uit een residentiële instelling”, information leaflet juvenile custodial institutions.

“Aan de slag. Werkprogramma voor risicojongeren”, information leaflet juvenile custodial institutions.

“Aan de slag. Magazine over Work-Wise”, magazine juvenile custodial institutions, no. 3.

“Aan de slag. Magazine over Work-Wise”, magazine juvenile custodial institutions, no. 4.

“Jaarplan 2009 Zorg- en Veiligheidshuis Tilburg”, annual report Care and Security House 2009.

“Jaarplan 2010 Zorg- en Veiligheidshuis Tilburg”, annual report Care and Security House 2010.

“Tilburg maakt werk van integraal veiligheidsbeleid. Niet dweilen, maar de kraan dichtdraaien”, policy memorandum municipality of Tilburg, December 2008.

“Zorg voor veiligheid” (“Care for security”), policy memorandum municipality of Tilburg, 2008.

“Veiligheidshuizen. Naar een landelijk dekkend netwerk van Veiligheidshuizen”, information leaflet Ministry of Justice and Ministry of Internal Affairs, June 2008.

“Samen effectief. De praktijk als inspiratie”, information leaflet Ministry of Justice, December 2009.

“Veiligheidshuizen. Achtergronden, doelstellingen, borging en verdere ontwikkeling”, information leaflet Ministry of Justice and Ministry of Internal Affairs, March 2010.

“Jeugdketens sluitend verbinden”, information leaflet Ministry of Justice and Ministry of Internal Affairs, June 2010.

“Introductory Movie Care Interference”, 15 minute movie on the work of the Team Care Interference.

<http://www.hetccv.nl/>; consulted d.d. 25-4-2011.

<http://www.rijksoverheid.nl/onderwerpen/recidive/erkenningcommissie-gedragsinterventies>; consulted d.d.25-4-2011.

<http://tilburg.veiligheidshuis.org/site/?page=1>; consulted d.d. 18-3-2011.

<http://www.veiligheidshuizen.nl>; consulted d.d. 18-3-2011.

<http://www.wegwijzerjeugdenveiligheid.nl/index>; consulted d.d. 25-4-2011.

Healthy Together in The Hague

Interviews

Jan Huurman, consultant and former general manager NIGZ, Nijmegen d.d. 13-4-2011.

Jaap Koot, general manager NIGZ, Woerden d.d. 29-4-2011.

Erik Ruland, programme manager Healthy Together, Den Haag d.d. 17-5-2011.

Annette de Graaf, health broker municipality of The Hague, Den Haag d.d. 9-6-2011.

José Loof, health broker municipality of The Hague, Den Haag d.d. 1-6-2011.

Carolien van Hooijdonk, project manager Municipal Health Service The Hague, Den Haag d.d. 16-6-2011.

Moniek Croes & Remzi Kabadayi, employees Stivoro, Den Haag d.d. 16-6-2011.

Sebastiaan Nederhoed, coordinator Haagse Sporttuin, Den Haag d.d. 22-6-2011.

Joke van Gemmert, employee Zebra Welzijn, Den Haag d.d. 23-6-2011.

Ton van Dijk, general manager Municipal Health Service The Hague, Den Haag d.d. 7-9-2011.

Michelle Philipse, preventive school attendance officer, Den Haag d.d. 13-9-2011.

Martine Kreuzen & Marjo Duits, youth mental health care employees, Den Haag d.d. 22-9-2011.

Aafke Buitelaar, employee STIOM, Den Haag d.d. 17-10-2011.

Rimke Vos, research coördinator Haga hospital, Den Haag d.d. 4-11-2011.

Erik Ruland, José Loof & Annette de Graaf, Den Haag d.d. 29-11-2011.

Observations

Training Stivoro (Remzi Kabadayi), Den Haag d.d. 16-6-2011.

Guided tour Haagse Sporttuin (Sebastiaan Nederhoed), Den Haag d.d. 22-6-2011.

Bicycle lessons (Joke van Gemmert), Den Haag d.d. 23-6-2011.

Guided tour Prismacollege (Roel Slotboom), Den Haag d.d. 27-6-2011.

Training JOGG Ambassadors (Cora den Boer), Den Haag d.d. 7-9-2011.

Guided tour Zonepark (Jeroen Sprinkhuizen), Den Haag d.d. 8-9-2011.

Municipal conference on overweight children, Den Haag d.d. 6-10-2011.

Documentation

(found at websites or handed over personally during meetings and interviews)

“Gezondheid in de Krachtwijken: gezonde wijkenanalyse Haagse krachtwijken”, municipal health report on disadvantaged neighbourhoods, The Hague, November 2010.

“Samen Gezond: Meerjarenprogramma Gezondheid en Sport in de Haagse Krachtwijken 2010-2018 (eerste fase 2010-2014)”, policy memorandum city of The Hague, 2011.

“Haagse nota volksgezondheid 2007-2011 – Natuurlijk: gezond! (‘Healthy Of Course!’)”, policy memorandum city of The Hague 2007.

“Natuurlijk: matig met alcohol! Uitvoeringsprogramma van de Haagse nota volksgezondheid 2007-2011”, policy memorandum city of The Hague, 2007.

“Aandacht voor Elkaar: Meerjarenbeleidsplan Maatschappelijke Ondersteuning 2007-2010”, policy memorandum city of The Hague, 2007.

Information on the coalition ‘Healthy Conscience’ on <http://www.gezondgeweten.nl/>; consulted d.d. 10-5-2011.

“Ontwerp Haagse Nota Mobiliteit”, policy memorandum city of The Hague, October 2010.

“Vier jaar Gezond Gewicht: de gemeentelijke aanpak overgewicht van de Haagse jeugd 2006-2009”, information booklet city of The Hague, 2010.

“De Haagse Aanpak Gezond Gewicht 2010-2014”, information booklet city of The Hague, 2011.

“Project ‘meten & wegen’”, information leaflet municipality of The Hague, 2006.

“Prisma College Gezonde School: plan van aanpak”, implementation plan of the ‘Healthy School’ concept, May 2011.

“Eindrapportage Bewegen op Recept Nieuwe Stijl Scheveningen”, STIOM, evaluation report ‘Exercise on prescription’, August 2011.

“Piep zei de muis: een preventieve interventie in de wijk voor kinderen van ouders met psychosociale, psychische en verslavingsproblemen”, manual ‘Squeak said the mouse’, 2011.

Information leaflet ‘Haagse Maatjes’, Haga Ziekenhuis, Den Haag, found at <http://ouders.julianakinderziekenhuis.nl/a-tm-z/specialismen/obesitasteam---haagse-maatjes.aspx>; consulted d.d. 16-10-2011.

<http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/GGD-en-gezondheid/to/Actieprogramma-Gezond-gewicht-1.htm>; consulted d.d. 16-6-2011.

<http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/GGD-en-gezondheid/to/Hoplacampagne-brengt-kinderen-en-ouders-in-beweging-1.htm>; consulted d.d. 16-6-2011.

<http://www.denhaag.nl/home/bewoners/to/Funfit-zwemmen.htm>; consulted d.d. 16-6-2011.

<http://www.denhaag.nl/home/bewoners/to/Real-Victory.htm>; consulted d.d. 16-6-2011.

<http://www.denhaag.nl/home/bewoners/to/Individuele-begeleiding-van-de-JGZ-bij-overgewicht.htm>; consulted d.d. 16-6-2011.

<http://www.sporttuinschilderswijk.nl/>; consulted d.d. 4-10-2011.

<http://www.gezondeschool.info/>; consulted d.d. 4-10-2011.

<http://www.jongerenopgezondgewicht.nl/>; consulted d.d. 4-10-2011.

<http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/to/Roken-in-Den-Haag.htm>; consulted d.d. 16-6-2011.

<http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/GGD-en-gezondheid/to/Gewichtige-Vakleerkracht-het-project.htm>; consulted d.d. 16-6-2011.

http://www.partnerschapovergewicht.nl/site_files/uploads/Samenvatting%20Zorgstandaard%20obesitas.pdf; consulted d.d. 9-10-2011.

<http://www.gripopjedip.nl/nl/Home/>; consulted d.d. 13-10-2011.

<http://www.mindyourownlife.nl/>; consulted d.d. 13-10-2011.

<http://www.denhaag.nl/home/bewoners/to/Funfit.htm>; consulted d.d. 16-10-2011.

<http://www.denhaag.nl/home/bewoners/to/Door-dik-en-dun.htm>; consulted d.d. 16-10-2011.

<http://www.denhaag.nl/home/bewoners/zorg-en-welzijn/to/Gezond-bewegen-en-sporten.htm>; consulted d.d. 16-6-2011.

http://www.dejutters.com/dejutters_com/db0719727b78273b604fb3a815168637.php; consulted d.d. 23-9-2011.